PROCEEDINGS

OF THE

NATIONAL MEDICAL CONVENTIONS,

HELD IN

NEW YORK, MAY, 1846,

AND IN

PHILADELPHIA, MAY, 1847.

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CONTENTS.

APPENDIX.

At the suggestion of several eminent members of the American Medical Association, the Committee on Publication have prefixed to the Proceedings of the late Convention those of the Convention of 1846, in order to furnish a complete history of the Association, and of the measures adopted by that body.

MINUTES OF THE PROCEEDINGS

OF THE

NATIONAL MEDICAL CONVENTION,

HELD IN THE CITY OF NEW YORK, IN MAY, 1846.

New-York, May 5, 1846.

At a meeting of the National Medical Convention, held pursuant to the call of the New York State Medical Society, convened in the building of the Medical Department of the University of the City of New York,—On motion of Dr. Edward Delafield, of New York, Dr. Bell, of Philadelphia, was appointed Chairman, and Dr. Buel, of New York, Secretary, to act until the Convention be duly organized.

Drs. Baxley, of Maryland; Davis, of New York; and Arnold of Georgia; were appointed a Committee to receive the credentials of Delegates.

The Committee after having performed that duty, made the following report:—

The Committee, appointed to examine the credentials of the Delegates to the National Medical Convention, recommended to be held by the New York State Medical Society, in the city of New York, report, that they have performed that duty.

The Committee have felt themselves embarrassed by conflicting resolutions passed by the New York Society in 1845 and 1846, viz.: in 1845, it was "*Resolved*, that the New York State Medical Society earnestly recommend a *National Convention of Delegates* from Medical Societies and Colleges in the whole *Union*, to convene in the city of New York, on the first Tuesday in May, in the year 1846, for the purpose of adopting some *concerted action* on the subject set forth in the foregoing preamble."

In February, 1846, it was "*Resolved*, That the preamble and reso-

lutions passed by this Society at its annual session, Feb. 6, 1845, did not contemplate the appointment of Delegates to the National Convention, by County or merely local Societies in those States where delegates *are* appointed by a regularly organized *State* Society."

They have, therefore, thought proper to report the names of all gentlemen from Medical Societies, Colleges and Institutions of all the States who come properly accredited, in accordance with the original Resolution, and leave it to the Convention to determine whether such shall constitute the National Medical Convention; or whether the interpretation of the Resolution of 1845, adopted by the New York Society in 1846, which excludes delegates from local or voluntary societies from States sending delegates from regularly organized State Societies, shall be strictly adhered to.

Respectfully submitted,

H. W. Baxley,
N. S. Davis,
Richard D. Arnold.

THE FOLLOWING LIST OF DELEGATES WAS THEN HANDED IN.

FROM VERMONT.

Society of the Alumni of Castleton Medical College,	Drs. Simeon A. Cook, Joseph Perkins, Egbert Jamieson, Horace Green.
Vermont Medical College,	Dr. Alonzo Clark.

FROM NEW HAMPSHIRE.

Centre District N. H. Medical Society,	Drs. Charles P. Gage, Richard P. J. Tenney.

FROM MASSACHUSETTS.

Berkshire Medical Institute,	Dr. Alonzo Clark.

FROM CONNECTICUT.

State Medical Society,	Drs. V. M. Dow, Rufus Blakeman, William H. Cogswell, J. G. Beckwith, Eleazar Hunt, D. T. Brainard, Richard Warner.
Medical Institute of Yale College,	Drs. J. Ives, J. Knight.

FROM NEW YORK.

Medical Society of the City and County of New York,	Drs. Jas. R. Manley, Isaac Wood, John W. Francis, Benjamin Drake, Gilbert Smith, W. W. Minor, F. U. Johnston, James Stewart, Thomas Chalmers, H. D. Bulkley, W. P. Buel, J. R. Wood, John S. Heard, A. N. Gunn, B. R. Robson, John Watson, J. S. Ferguson, R. L. Morris, R. T. Underhill, S. P. White, J. R. Vankleek, J. C. Cheeseman, A. C. Post, G. Buck, O. S. Bartles.
New York Medical and Surgical Society,	Drs. F. Campbell Stewart, J. A. Swett, Edward L. Beadle.

Bloomingdale Asylum,	Dr. Pliny Earle.
Kings Co. Medical Society,	Drs. Chauncey L. Mitchell, Bradley Parker, J. Sullivan Thorne, T. L. Mason.
Alumni of Geneva Medical College,	Drs. Peter Wilson, H. M. Gray.
Medical Faculty of the College of Physicians and Surgeons.	Drs. John B. Beck, Willard Parker.
Medical Society of the State of New York.	Drs. John Stearns, Stephen Hasbrouck, Merrit H. Cash, S. M. Crawford, Joel A. Wing, Daniel Ayres, Darius Clark, Thomas W. Blatchford, Sumner Ely, John McCall, N. S. Davis, Augustus Willard, L. J. Tefft, Alexander McIntyre, Maltby Strong, Charles Winnie.
Madison Co. Medical Society,	Dr. D. E. Hurd.
New York Hospital,	Dr. J. H. Griscom.
Medical Faculty of the University of the City of New York,	Drs. G. S. Pattison, G. S. Bedford.
Buffalo Medical Association,	Dr. Bryant Burwell.
Erie Co. Medical Society,	Dr. Austin Flint.
Albany Medical College,	Drs. J. McNaughton, A. March.
Genesee Medical Society,	Dr. John Coates.
Trustees of the College of Physicians and Surgeons,	Drs. A. H. Stevens, Thomas Cock, Edward Delafield.
Geneva Medical College,	Dr. Charles A. Lee.

FROM PENNSYLVANIA.

Philadelphia Medical Society,	Drs. John Bell, Henry Bond, Geo. W. Norris, Isaac Hays, Isaac Parrish, Joseph Warrington, Alfred Stillé, J. Rodman Paul, Francis West, Gouverneur Emerson, Caspar Morris, Meredith Clymer.
Medical Department of Pennsylvania College,	Drs. H. S. Patterson, W. A. Atlee.

FROM DELAWARE.

Medical Association of Wilmington,	Dr. Lewis P. Bush.
Medical Society of Delaware,	Drs. James W. Thomson, E. S. Rickards, William W. Stuart, William Cummins, Gove Saulsbury, James Couper, W. W. Morris.

FROM MARYLAND.

Washington Medical College,	Drs. H. W. Baxley, Charles Bell Gibson.

FROM VIRGINIA.

Medical Society of Virginia,	Drs. Robert W. Haxall, Samuel A. Patteson, Charles Mills, Frederick Marx, James Conway, J. Cullen.

FROM GEORGIA.

Georgia Medical Society, Dr. Richard D. Arnold.

FROM MISSISSIPPI.

Mississippi State Medical Society, Drs. E. D. Fenner, (*of N. O.*) C. S. Magoun.

FROM INDIANA.

La Porte University, Dr. Azariah B. Shipman.

FROM ILLINOIS.

Medical Department of Illinois College, Dr. Edward Mead.

FROM TENNESSEE.

Medical Society of Tennessee, Dr. William A. Cheatham.

It was on motion *Resolved*, that the Committee be continued to receive the credentials of such Delegates as may hereafter arrive.

On motion of Dr. Arnold, it was *Resolved*, that all gentlemen who have presented credentials from any regularly organized Medical Society in this Union, be considered members of this Convention.

It was moved by Dr. Davis, and carried, that Dr. Theophilus C. Dunn, President of the Rhode Island State Medical Society, be invited to take a seat as a member of this Convention.

It was moved by Dr. Underhill, and duly seconded, that all medical gentlemen in good standing, who may be present from States not otherwise represented, be admitted as delegates: which motion was carried.

Drs. E. C. Marsh and Lyndon A. Smith, of New Jersey, were invited to take seats under the above Resolution.

On motion, a Committee of one from each State represented in the Convention, was appointed to nominate officers for the Convention.

The following gentlemen were appointed:—

From *New Hampshire*,	Dr. Gage.	From *Delaware*,	Dr. Bush.
" *Vermont*,	" Cook.	" *Maryland*,	" Baxley.
" *Massachusetts*,	" Clark.	" *Virginia*,	" Haxall.
" *Rhode Island*,	" Dunn.	" *Georgia*,	" Arnold.
" *Connecticut*,	" Knight.	" *Mississippi*,	" Fenner.
" *New York*,	" Stearns.	" *Indiana*,	" Shipman.
" *New Jersey*,	" Marsh.	" *Illinois*,	" Mead.
" *Pennsylvania*,	" Bond.	" *Tennessee*,	" Cheatham.

The Committee, after having retired, returned and made the following report through its chairman, Dr. Stearns:—

The Committee appointed to nominate suitable officers to preside over the Convention, report that they have unanimously agreed to propose the names of the following gentlemen:—

FOR PRESIDENT,

Dr. J. Knight, *of New Haven.*

FOR VICE PRESIDENTS,

Dr. John Bell, *of Phila.;* Dr. Edward Delafield, *of N. Y. City.*

FOR SECRETARIES,

Dr. Richard D. Arnold, *of Savannah;* Dr. Alfred Stillé, *of Phila.*

The Report was adopted:—*nem. diss.*

The Officers, with the exception of Dr. Delafield, who was not present, took their seats.

Dr. Bedford, of the University of the city of New York, moved the following preamble and resolution, seconded by Dr. Pattison, also of the University of the city of New York:—

Whereas the call of the State Medical Society of New York, for a National Medical Convention to be held in the city of New York on the first Tuesday in May, has failed in a representation from one half the United States, and from a majority of the Medical Colleges; and whereas the State Medical Society has emphatically stated that there is no mode of accomplishing the object of the Convention, without concert of action on the part of the Medical Societies, Colleges and Institutions of *all* the States, therefore *Resolved*, that this Convention adjourn *sine die.*

The Ayes and Nays were called on this, and were as follows:—

Yeas—Drs. Bedford and Pattison—2.

Nays—Drs. S. A. Cook, H. Green, C. P. Gage, R. P. J. Tenney, A. Clark, W. H. Cogswell, J. G. Beckwith, R. Warner, D. T. Brainard, B. Burwell, A. Flint, J. McNaughton, A. March, J. Coates, F. C. Stewart, J. A. Swett, E. L. Beadle, C. A. Lee, J. Bell, H. Bond, G. W. Norris, I. Hays, I. Parrish, J. L. Warrington, A. Stillé, J. R. Paul, F. West, G. Emerson, M. Clymer, W. A. Atlee, L. P. Bush, E. S. Rickards, G. Saulsbury, J. Couper, H. W. Baxley, R. W. Haxall, S. A. Patteson, J. Cullen, R. D. Arnold, E. D. Fenner, A. B. Shipman, E. Mead, W. A. Cheatham, P. Wilson, D. E. Hurd, J. Wood, G. Smith, H. D. Bulkley, W. P. Buel, J. R. Wood, J. S. Heard, A. N. Gunn, J. Watson, R. L. Morris, R. T. Underhill, S. P. White, J. C. Cheeseman, A. C. Post, G. Buck, O. S. Bartles, S. Hasbrouck, J.

A. Wing, D. Ayres, N. S. Davis, A. Willard, P. Earle, T. Cock, C. L. Mitchell, J. S. Thorne, T. S. Dunn, E. J. Marsh, L. A. Smith, W. W. Stuart, and J. Knight—74.

Dr. Clymer then offered the following resolution:—

Resolved, That a Committee be appointed to provide other accommodations for the sittings of this Convention, than in the University of New York.

Several amendments were offered to this resolution, but while they were pending, Dr. Haxall moved to lay the whole upon the table, which was carried—*Yeas* 34, *nays* 31.

Dr. N. S. Davis moved the following, which was adopted:—

Resolved, That a committee of nine be appointed to bring the subject of Medical Education before the Convention in the form of distinct propositions, suitable for discussion and action, and that it report at the next meeting.

The following gentlemen were appointed:—Drs. N. S. Davis, March, Hays, Watson, Brainard, Stearns, Bush, Haxall, and Bell.

On motion of Dr. J. R. Wood, of N. Y., the President was added to the Committee.

Dr. Buel offered the following, which was adopted:—

Resolved, That the Committee be instructed to receive and submit propositions on all subjects proper to be brought before this Convention.

On motion the Convention adjourned until 10 o'clock next morning.

Wednesday, May 6th, 1846.

The Convention met pursuant to adjournment. The roll was called, and sixty-three delegates answered to their names. The minutes of the last meeting were then read and confirmed. The Chairman of the Committee on Credentials, announced the presence of Dr. C. A. Pope, delegate from the Medical Society of the State of Missouri, and of Drs. Anderson, G. Dana, James Spaulding, and Jonathan A. Allen, delegates from the Vermont Medical Society.

Dr. N. S. Davis, Chairman of the Committee appointed at the last meeting, to present the subject of Medical Education to the Convention, in a form proper for discussion, and, generally, to prepare business for its action, reported that, owing to the short time allowed them, the Committee had not been able to agree in regard to the subject especially entrusted to them, but that they had unanimously

determined to lay before the Convention, certain Resolutions which they believed adapted to fulfil the immediate objects contemplated by the Convention. Whereupon Dr. HAYS, from the same Committee, submitted the following Preamble and Resolutions:—

Whereas, It has been shown by experience that the association of persons engaged in the same pursuit, facilitates the attainment of their common objects: therefore,

1*st*. *Resolved*, That it is expedient for the Medical Profession of the United States, to institute a *National Medical Association*, for the protection of their interests, for the maintenance of their honour and respectability, for the advancement of their knowledge, and the extension of their usefulness.

2*d*. *Resolved*, That a committee of seven be appointed to report a plan of organization for such an Association, at a meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

3*d*. *Resolved*, That a committee of seven be appointed to prepare and issue an address to the different regularly organized Medical Societies, and chartered Medical Schools in the United States, setting forth the objects of the National Medical Association, and inviting them to send delegates to a Convention to be held in Philadelphia, on the first Wednesday in May, 1847.

4*th*. *Resolved*, That it is desirable that a uniform and elevated standard of requirements for the degree of M. D., should be adopted by all the Medical Schools in the United States, and that a Committee of Seven be appointed to report on this subject, at a meeting to be held in Philadelphia, on the first Wednesday in May, 1847.

5*th*. *Resolved*, That it is desirable that young men before being received as students of Medicine, should have acquired a suitable preliminary education; and that a Committee of Seven be appointed to report on the standard of acquirements which should be exacted of such young men, and to report at a meeting to be held on the first Wednesday in May, 1847.

6*th*. *Resolved*, That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a Committee of Seven be appointed to report a code for that purpose, at a meeting to be held at Philadelphia, on the first Wednesday of May, 1847.

Dr. J. S. COPES was announced to be a duly authorized delegate from the Medical Society of Miss.; and Dr. G. H. WHITE, of the Hudson Lunatic Asylum, was admitted to a seat in the Convention.

Dr. G. S. Pattison moved that the Report of the Committee on Business be adopted. Carried, *nem. diss.*

Dr. Stearns moved that the Resolutions be considered *seriatim.* Carried.

The preamble and the 1st Resolution were then adopted *nem. diss.*

The 2d Resolution being under discussion, Dr. S. Hasbrouck moved "that the Committee to be appointed under that Resolution, report on to-morrow morning." After some remarks by Drs. Stearns, Haxall, Thomson, and Davis, the motion was withdrawn.

Dr. Griscom moved that the next Convention be held in September, 1847; after some remarks by delegates from the South, declaring that Physicians in that region could not possibly be spared from their duties in the Autumn, the motion was rejected.

On motion of Dr. Stearns, the 2d Resolution, and then the 3d, were adopted without further discussion, *nem. diss.*

Dr. F. Hasbrouck, as Superintendent of the N. Y. City Lunatic Asylum, was here admitted to a seat in the Convention.

The 4th Resolution was then adopted, *nem. diss.*

The 5th Resolution, after some remarks from Drs. Manley, and H. S. Patterson, and the loss of an amendment proposed by the latter gentleman, was adopted *nem. diss.*

The 6th Resolution was in like manner adopted, without debate, after which, upon motion of Dr. Bush, the preamble and resolutions collectively were unanimously adopted.

The Convention then took a recess for half an hour, after empowering the President to fill the Committees called for by the Resolutions just passed.

On re-assembling, the Convention received Dr. George Sumner, a delegate from the Medical Society of Conn.

Dr. Clymer asked and received permission to correct an error personal to himself in the report of a morning newspaper, (the N. Y. Herald,) concerning the vote on Dr. Haxall's motion to lay on the table the resolution offered by Dr. Clymer, for adjourning forthwith from the rooms of the Medical Faculty of the University of New York city. The newspaper in question had stated, that the only serious opposition to laying this resolution on the table proceeded from the delegates of the College of Physicians and Surgeons, whereas the vote had really stood 34 in favour, and 31 against disposing of the resolution in this manner.

Dr. J. B. Beck, of the Faculty of the College of Physicians and Surgeons, stated that so far from any opposition to laying the resolu-

tion on the table, having proceeded from the body which he represented, neither he, nor his colleague Dr. Parker, the only delegates from that body, was even so much as present in the Convention during the discussion, or at the vote, on the Resolution.

The Secretary asked permission to insert the correction in the minutes of the last meeting as confirmed; stating that the vote was upon the original record of the proceedings, but had been omitted in transcription. Leave was granted.

Dr. Sumner moved to reconsider the 2d Resolution; the motion, after remarks by Drs. Baxley, Haxall, and Davis, was laid on the table.

Dr. Bartles introduced the following resolution:—

Resolved, That the Union of the business of *Teaching* and *Licensing* in the same hands is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges, and State and County Medical Societies, it should be restricted to one Board in each State, composed in fair proportion of representatives from its Medical Colleges and the Profession at large, and the pay for whose services as Examiners should in no degree depend on the number licensed by them.

Dr. Sumner moved to lay the resolution on the table. After remarks by Drs. F. Campbell Stewart, and Clymer, the motion was withdrawn.

Dr. Parrish moved that the resolution be referred to the Committee under the 4th Resolution reported by the Committee on Business.

Dr. Baxley moved an amendment, which was accepted by Dr. Parrish, providing that all communications upon the subject of medical degrees be referred to the same committee.

Dr. Manley remarked at length upon the subject of medical education. Dr. Baxley replied, and Dr. Manley rejoined, and then moved as an amendment to Dr. Parrish's motion, to refer the resolution introduced by Dr. Bartles to a special committee.

On motion, the subject was temporarily laid upon the table, in order that the President might announce the Committees he had appointed. They were as follow:—

Under the 2d Resolution, Drs. John Watson, John Stearns, F. Campbell Stewart, N. Y.; A Stillé, Philadelphia; N. S. Davis, Binghamton, N. Y.; W. H. Cogswell, New London, Conn.; E. D. Fenner, New Orleans.

Under the 3d Resolution, Drs. E. Ives, Dow, and Sumner, New

Haven, Conn.; McNaughton, Albany, N. Y.; Blatchford, Troy, N. Y.; Burwell, Buffalo, N. Y.; and Baxley, Baltimore, Md.

Under the 4th Resolution, Drs. Haxall and Cullen, Richmond, Va.; S. A. Patteson, Manchester, Va.; George W. Norris, Philadelphia; A. Flint, Buffalo, N. Y.; I. Perkins, Castleton, Vt.; and J. A. Wing, Albany, N. Y.

Under the 5th Resolution, Drs. J. Couper, Newcastle, Del.; L. P. Bush, and J. W. Thomson, Wilmington, Del.; Edward Mead, Jacksonville, Ill.; A. March, Albany, N. Y.; W. A. Atlee, Philadelphia; and D. T. Brainard, New London, Conn.

Under the 6th Resolution, Drs. Bell, Hays, and Emerson, Philadelphia; Morris, Dover, Del.; T. C. Dunn, Newport, R. I.; A. Clark, N. Y.; and R. D. Arnold, Savannah, Ga.

Dr. Haxall moved that the President be added, as Chairman, to the Committee under the 3d Resolution. Carried unanimously.

The consideration of Dr. Manley's amendment to Dr. Parrish's motion was then resumed, and it was ordered that "when the vote on the question is taken it be by yeas and nays."

Dr. S. Hasbrouck, and Dr. Davis remarked at length upon the subject of the Resolution. Observations were also made by Drs. Baxley and Underhill.

Dr. Sumner moved to lay the Resolution on the Table. Lost by a vote of 34 to 40. Dr. Parrish having accepted Dr. Manley's amendment, the yeas and nays were called, and the motion as thus amended, viz: to refer Dr. Bartles' resolution to a special committee was adopted by the following vote.

Yeas—Drs. Arnold, Ayres, Bartles, Beadle, Beck, Bell, Bulkley, Burwell, Buck, Buel, Bond, Cheeseman, Cock, Coates, Copes, Cummins, Cook, Davis, Delafield, Drake, Fenner, Ferguson, Gage, Gray, Griscom, Gunn, F. Hasbrouck, S. Hasbrouck, Heard, Magoun, McNaughton, Mitchell, R. L. Morris, B. Parker, W. Parker, Paul, Parrish, Pope, Rickards, Saulsbury, F. C. Stewart, W. W. Stuart, L. A. Smith, Stillé, Stearns, Swett, Thorne, Underhill, Van Kleek, Warner, Watson, Warrington, West, Willard, S. P. White, G. H. White, Wing, I. Wood, J. R. Wood—59.

Nays—Drs. Baxley, Beckwith, Bedford, Blakeman, Brainard, Bush, Cheatham, A. Clark, Clymer, Couper, Cullen, Emerson, Flint, Gibson, Hays, Haxall, Lee, March, H. S. Patterson, G. S. Pattison, S. A. Patteson, Shipman, Sumner, Thomson—24.

Dr. Griscom moved that a Committee of Five be appointed to consider the *expediency*, and, if deemed expedient, the *mode*, of recom-

mending, and urging upon the several State governments the adoption of measures for a registration of the Births, Marriages, and Deaths of their several populations. Carried *nem. diss.*

Dr. Magoun moved that the thanks of the Convention be presented to the Officers of this Convention for the prompt and efficient discharge of their duties. Carried, *nem diss.*

Dr. Griscom introduced the following Resolution :—

Resolved, That Mr. Lemuel Shattuck, of Boston ; Drs. Jarvis, of Dorchester, Mass.; Emerson, of Philadelphia; T. R. Beck, of Albany, and C. A. Lee, of N. Y., be a Committee to prepare a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths, to report to a future Convention ;—which was adopted, and on motion Dr. Griscom was added to the Committee as Chairman.

Dr. Swett, of N. Y., offered the following, which, after receiving the approbation of the delegates from New York, was adopted.

Resolved, That a publication of the proceedings of this Convention be made in pamphlet form ; that ten thousand copies be printed; that the N. Y. city delegations assume the expense, and that it be referred to the first Standing Committee.

The President then announced the Committees appointed by him under the Resolutions of Dr. Parrish and of Dr. Griscom. They were as follow:—

Committee to report on Dr. Bartles' resolution in reference to the separation of teaching and licensing, Drs. McNaughton, Albany, N. Y.; J. R. Manley, N. Y.; J. W. Francis, N. Y.; Isaac Parrish, Philadelphia; R. Blakeman, Fairfield, Conn.; J. Cullen, Richmond, Va.; and Thos. Cock, N. Y.

Committee under Dr. Griscom's resolution in reference to the subject of Registration, Drs. J. H. Griscom, N. Y.; G. Emerson, Philadelphia; A. Clark, N. Y.; C. A. Lee, Geneva, N. Y.; and James Stewart, N. Y.

The following resolution, offered by Dr. Thomson, of Del., and seconded by Dr. Clymer, of Philad., was unanimously adopted :—

Resolved, That this Convention hereby tender to the Medical Faculty of the University of the city of New York, and to the Trustees of the College of Physicians and Surgeons of the State of New York, its unanimous thanks for the courteous offer of their respective buildings for the sittings of this Convention.

Dr. Bell introduced the following Resolution, which was adopted, *nem. diss.*

Resolved, That the Convention give its approval to the objects and labours of the Sydenham Society.

Dr. Cogswell offered the following resolution, which was unanimously adopted :—

Resolved, That the thanks of the Convention be presented to the President for the able, gentlemanly, and impartial manner in which he has discharged the duties of the Chair.

Upon motion of Dr. Hays, the Convention then adjourned, *sine die.*

RICHARD D. ARNOLD, }
ALFRED STILLÉ, } *Secretaries.*

Note.—In preparing for the press a new edition of the foregoing minutes, the undersigned have corrected several typographical errors, and several inaccuracies of language, leading to erroneous impressions of the action of the Convention, particularly in regard to the disposition made of Dr. Bartles' Resolution. No vote upon this resolution was taken, except one to refer it to a special committee, which was carried. The reports of that committee will be found in the proceedings of the Convention of this year.

RICHARD D. ARNOLD,
ALFRED STILLÉ.

Philadelphia, May 17th, 1847.

MINUTES OF THE PROCEEDINGS

OF THE

NATIONAL MEDICAL CONVENTION,

HELD IN THE CITY OF PHILADELPHIA, IN MAY, 1847.

PHILADELPHIA, *May 5th*, 1847.

The delegates to the National Medical Convention assembled in the Hall of the "Academy of Natural Sciences," at 10 o'clock A. M. Dr. Isaac Hays, Chairman of the Committee of Arrangements from the Philadelphia delegation, opened the proceedings with a few remarks, welcoming the delegates to the city, and expressing on behalf of his delegation the gratification it afforded them to receive the members of the Convention as their guests. He then proposed a temporary organization, and nominated Dr. Jonathan Knight, of Conn., as Chairman. This nomination was unanimously confirmed.

Drs. Arnold, of Georgia, and Stillé, of Pennsylvania, were then appointed Secretaries.

On motion of Dr. Hays, and by appointment of the Chairman, Drs. Arnold, of Ga.; Blatchford, of N. Y.; Thomson, of Del.; Haxall, of Va.; and Bishop, of Conn., were constituted a committee to examine and verify the credentials of the Delegates to the Convention. The meeting then took a recess for half an hour.

On re-assembling, it was moved by Dr. J. M. Smith, of N. Y., and seconded by Dr. F. C. Stewart, of N. Y., that a committee of one from each State represented, should be appointed to nominate permanent officers for the Convention.

The following gentlemen (whose credentials had already been verified) were appointed by the Chairman:—

1.	Drs. Holmes,	*Mass.*	13.	Drs. Moultrie,	*S. C.*
2.	" Twitchell,	*N. H.*	14.	" Mitchell,	*Ky.*
3.	" Dunn,	*R. I.*	15.	" Garvin,	*Ga.*
4.	" E. Ives,	*Conn.*	16.	" Buchanan,	*Tenn.*
5.	" Stearns,	*N. Y.*	17.	" Pierce,	*Mich.*
6.	" Hall,	*Vt.*	18.	" Frye,	*Ill.*
7.	" Cole,	*N. J.*	19.	" Carpenter,	*La.*
8.	" Norris,	*Pa.*	20.	" Keirn,	*Miss.*
9.	" G. W. Baker,	*Del.*	21.	" Bullitt,	*Mo.*
10.	" Gibson,	*Md.*	22.	" Shipman,	*Ind.*
11.	" Wellford,	*Va.*	23.	" Butterfield,	*Ohio.*
12.	" Lindsly,	*D. C.*			

On motion, the Committee were instructed to nominate *four* Vice Presidents, and *three* Secretaries.

The Committee for the Verification of Credentials then presented the following report, which, on motion, was accepted, and the committee continued.

"The Committee beg leave to report that they have examined the credentials of the delegates from the several sections of the Union, and herewith submit a list of them.

"Owing to the number of vouchers required to be examined, and the necessarily hurried manner in which the Committee have been obliged to perform their duty, some omissions may have been made. If so, they request that gentlemen so omitted, may at once hand in their names to the Secretaries.

R. D. Arnold,
T. W. Blatchford,
Jas. W. Thomson,
R. W. Haxhall,
E. H. Bishop."

The following List of Delegates was then handed in.

(The names of Delegates not present are marked thus † .)

NEW HAMPSHIRE.

New Hampshire Medical Society, Drs. Josiah Crosby, Amos Twitchell, Francis P. Fitch, Abraham O. Dickey, Josiah Bartlett.

Dartmouth Medical College, Dr. Edward E. Phelps.

VERMONT.

Vermont Medical College, Dr. Alonzo Clark.

Vermont Medical Society,	Drs. Chas. Hall, †C. W. Horton, †A. G. Dana, †Diah Story.
Faculty of Castleton Medical College,	Dr. T. M. Markoe.

MASSACHUSETTS.

Massachusetts Medical Society,	Drs. Z. B. Adams, A. L. Peirson, Wm. Bridgman, Saml. Parkman, Geo. C. Shattuck, Jr., John Jeffries, Stephen W. Williams, Elisha Huntingdon.
Middlesex District Medical Society,	Drs. Josiah Curtis, N. Cutler, Jno. W. Graves.
Faculty of Medicine of Harvard University,	Dr. O. W. Holmes.
Berkshire Medical Institute,	Dr. Alonzo Clark.

RHODE ISLAND.

R. I. Medical Society,	Drs. Usher Parsons, Theo. C. Dunn, †Richard M. Brownell, †George Capron.

CONNECTICUT.

Medical Institution of Yale College,	Drs. Jonathan Knight, Eli Ives.
Connecticut Medical Society,	Drs. George Sumner, N. B. Ives, †B. F. Barker, †Elijah Baldwin, Johnson C. Hatch, †Wm. B. Casey, †Alden Skinner, Elijah Middlebrook.

New Haven Medical Association,	Dr. E. H. Bishop.

NEW YORK.

College of Physicians and Surgeons in the city of New York,	Drs. Alex. H. Stevens, C. R. Gilman, Robert Watts, Jr.
New York State Medical Society,	Drs. John Stearns, Jno. W. Francis, James R. Manley, †Edward G. Ludlow, Joel A. Wing, Daniel Ayres, Thos. W. Blatchford, †Darius Clark, Morgan Snyder, Jenks S. Sprague, John McCall, A. Willard, N. S. Davis, P. H. Hard, †Maltby Strong, †Alexander Thompson, Lake I. Tefft, George W. Bradford, Enos Barnes.
Medical Faculty of the University of the City of New York,	Drs. Valentine Mott, Granville S. Patteson, John W. Draper, †Gunning S. Bedford.
Rensselaer Co. Medical Society,	Drs. Alfred Wotkyns, Simeon A. Cook.
Troy Medical Association,	Dr. Alfred Watkyns.
Erie Co. Medical Association,	Dr. Bryant Burwell.
Cortland Medical Society,	Dr. Frederick Hyde.
New York Medical and Surgical Society,	Drs. Jno. A. Swett, J. G. Adams, Abram Dubois, Pliny Earle, †James Macdonald.

Medical Department of the University of Buffalo,	Dr. Austin Flint.
Med. Fac. of Geneva College,	Dr. Charles A. Lee.
Albany Medical College,	Drs. Alden March, James McNaughton, †T. Romeyn Beck, †Thomas Hun.
New York Pathological Society,	Drs. Jno. T. Metcalfe, †Hugh Walsh, Thaddeus M. Halsted, Israel Moses.
New York Hospital,	Drs. John H. Griscom, John Watson.
Medical Society of the City and County of New York,	Drs. Thomas Cock, Albert Smith, †John B. Beck, †J. Kearny Rodgers, Joseph M. Smith, Joel Foster, †Frank U. Johnston, †Gurdon Buck, †Geo. S. Camman, Wm. M. Blakeman, Abraham G. Thompson, Jr. Isaac Greene, Jno. R. Van Kleek, Samuel T. Hubbard.
New York Academy of Medicine,	Drs. John Stearns, F. Campbell Stewart, James R. Wood, H. D. Bulkley, Valentine Mott, †Ed. Delafield, †J. C. Bliss, R. S. Kissam, D. M. Reese, †Edward L. Beadle, †Jared Linsly, †O. S. Bartles, Chas. D. Smith,

†Moore Hoit,
W. H. Van Buren,
James O. Pond.*

NEW JERSEY.

Medical Society of New Jersey, Drs. Lyndon A. Smith,
Elias J. Marsh,
†William Forman,
Ferd. S. Schenck,
William Pierson,
†Benj. P. Howell,
Jos. F. Garrison,
Joseph Parrish,
Othniel H. Taylor,
Richard M. Cooper.

District Medical Society of Burlington, Drs. N. W. Cole,
†B. H. Stratton,
Zachariah Read.

PENNSYLVANIA.

College of Physicians of Philadelphia, Drs. †T. T. Hewson,
Isaac Hays,
J. Rodman Paul,
Samuel Jackson,
(Late of Northumberland.)
Alfred Stillé,
William Pepper,
George Fox,
Robert Bridges,
Jacob Randolph,
J. Wilson Moore,
Caspar Morris,
C. D. Meigs,
D. F. Condie,
Jos. Carson,
R. La Roche,
C. R. King.

University of Pennsylvania, Drs. Nathaniel Chapman,
Samuel Jackson,
George B. Wood.

* Drs. Arthur B. Stout, S. Conant Foster, Jas. L. Phelps, Daniel Ayres, Jr., and Ebenezer Macfarlan, attended as substitutes for delegates of the New York Academy of Medicine not present.

Philadelphia Medical Society,	Drs. John Bell, G. Emerson, I. Parrish, G. W. Norris, Francis West, W. Ashmead, B. H. Coates, H. Bond, S. G. Morton, T. H. Yardley, G. D. Griscom, L. Rodman.
Medical Institute, Philadelphia,	Dr. John Neill.
Jefferson Medical College,	Drs. John K. Mitchell, Franklin Bache, Thos. D. Mutter.
Pennsylvania College,	Drs. Henry S. Patterson, John Wiltbank, Washington L. Atlee.
Franklin Medical College,	Drs. Jas. B. Rogers, David H. Tucker, Levin S. Joynes.
Phila. College of Medicine,	Drs. Jesse R. Burden, James M'Clintock.
Northern Medical Association of Philadelphia,	Drs. Wilson Jewell, Benj. S. Janney, Moses B. Smith, John Uhler, Arnold Naudain, Isaac Remington, H. J. Brown, Jos. R. Bryan, Wm. S. Haines, Wm. Maybury, Alex. C. Hart, Jos. D. Stewart.
Lancaster City and County Medical Society,	Drs. Sam'l Humes, Sam'l Duffield, J. L. Atlee, George B. Kerfoot,

	Jno. K. Eshleman, Henry Carpenter, Charles L. Baker.
Med. Soc. of Montgomery Co.,	Drs. Geo. W. Thomas, Hiram Corson, John S. Foulke.

DELAWARE.

Medical Society of the State of Delaware,	Drs. J. W. Thomson, James Couper, W. N. Hamilton, W. W. Morris, †Gove Saulsbury, Wm. Cummins, †Wm. W. Wolf, †Wm. W. Stuart, †Wm. M. Ricards.
Med. Association of the City of Wilmington,	Drs. H. F. Askew, Geo. W. Baker, Lewis P. Bush, R. R. Porter.

MARYLAND.

Medical and Chirurgical Faculty of Maryland,	Drs. G. C. M. Roberts, J. R. W. Dunbar, Alex. C. Robinson, J. H. Briscoe, †R. A. Durkee, Joel Hopkins.
Association of Med. Faculty of Frederick City,	Dr. Samuel Tyler.
Washington University of Baltimore,	Drs. Chas. Bell Gibson, W. T. Leonard.

DISTRICT OF COLUMBIA.

Medical Society of the District of Columbia,	Drs. F. Howard, Harvey Lindsly, †Joseph Borrows.
Medical Department of the Columbian College,	Drs. Thos. Miller, Joshua Riley, John F. May.

VIRGINIA.

Medical Convention of Virginia,	Drs. B. R. Wellford, H. H. McGuire, J. L. Cabell, J. F. Peebles, Mathew H. Houston, Hardin Massie, William Selden, G. L. Corbin, Daniel Trigg.
Medical Society of Virginia,	Drs. Robert W. Haxall, †Sam'l A. Patteson, †James Conway, †Charles S. Mills, †Frederick Marx, †James Beale, †John Dove, †Thomas Nelson, †John A. Cunningham, †Francis H. Deane, †Geo. G. Minor, John N. Broocks, †Robt. G. Cabell, Carter P. Johnson, †H. P. Taliaferro, †Wm. A. Patteson.
Petersburg Medical Faculty,	Drs. J. F. Peebles, †J. G. Thweatt, †B. Hillay, †J. E. Cox, †R. E. Robinson.
Medical Soc. of Fredericksburg,	Dr. Geo. F. Carmichael.

SOUTH CAROLINA.

Medical Society of South Carolina,	Drs. James Moultrie, Wm. T. Wragg, James P. Jervey.
Medical College of the State of South Carolina,	Dr. James Moultrie.

GEORGIA.

Georgia Medical Society,	Drs. Richard D. Arnold, Johnston B. Tufts.
Medical College of Georgia,	Drs. L. A. Dugas, J. P. Garvin.

MISSISSIPPI.

Mississippi State Medical Society,	Drs. G. Keirn, †Wm. Leake, †J. May.

LOUISIANA.

Medical Department of University of Louisiana,	Drs. John Harrison, Wm. M. Carpenter, A. J. Wedderburn.

MISSOURI.

Medical Department of the St. Louis University,	Drs. †H. M. Bullitt, A. Litton.
St. Louis Association of Physicians,	Dr. D. E. Meade.

ILLINOIS.

Rush Medical College,	Dr. Jos. C. Frye.

INDIANA.

Indiana Medical College,	Drs. A. B. Shipman, †George W. Richards, †M. L. Knapp, †Daniel Meeker.

MICHIGAN.

State Medical Society,	Dr. Jas. L. Peirce.

OHIO.

Medico-Chirurgical Society of Cincinnati,	Dr. David Judkins.
Ohio Medical Convention,	Drs. †Samuel St. Johns, John Butterfield, †M. B. Wright.
Willoughby Medical College,	Dr. John Butterfield.

KENTUCKY.

Medical Department of Transylvania University,	†Drs. E. Bartlett, Thos. D. Mitchell, S. Annan.

TENNESSEE.

Medical Society of the State of Tennessee,	Dr. A. H. Buchanan.

The Committee charged with the nomination of permanent officers for the Convention, reported through their chairman, Dr. Eli Ives, the following nominations:

PRESIDENT,

Dr. Jonathan Knight, *Conn.*

VICE PRESIDENTS,

Dr. Alexander H. Stevens, *N. Y.;* Dr. George B. Wood, *Pa.;* Dr. A. H. Buchanan, *Tenn.;* Dr. John Harrison, *La.*

SECRETARIES,

Dr. Richard D. Arnold, *Ga.;* Dr. Alfred Stillé, *Pa.;* Dr. F. Campbell Stewart, *N. Y.;*—which were unanimously confirmed.

The officers having taken their places, the Convention was declared to be duly organized, and ready for the transaction of business.

On motion of Dr. J. L. Atlee, of Lancaster, Pa., it was

Resolved, That any medical gentlemen present from States not otherwise represented, and the members of the Medical Staff of the Army and Navy, now in the city, be invited to take seats in the Convention.

The following Resolution was introduced by Dr. Thomson, of Del.

Resolved, That any member of the last Convention, now present, not elected a Representative in this Convention, be invited to take a seat in the same, and participate in its deliberations;—which, on being put to the vote, was lost.

The following Resolution, presented by Dr. Corbin, of Va., was also lost: viz.—

Resolved, Unanimously, by the National Medical Convention, that the Ex-Professors of medicine of the various Medical Schools of the U. S., and such Professors from abroad as may be in Philadelphia, be invited to take seats in this body.

Dr. Hays called for the reading of the Report of the Committee appointed by the last National Medical Convention, to prepare a plan of organization for a *National Medical Association.* Dr. Watson, Chairman of the Committee, presented a report, which, after being read, was, on motion of Dr. Watson, received and laid upon the table in order to be printed. (*See Document* A.)

Dr. Griscom, of N. Y., Chairman of the Committee appointed by the last National Convention to consider the expediency and mode of urging upon the State governments the adoption of measures for a registration of Births, Marriages, and Deaths, presented a Report, which was received, and laid upon the table in order to be printed. (*See Document* H.)

After which, on motion, the Convention adjourned to meet at 7 o'clock, P. M.

Evening Session.

The Convention met pursuant to adjournment.

Invitations to the Convention to visit the Philadelphia House of Refuge, and the Institution for the Deaf and Dumb, were read.

Dr. Haxall, Chairman of the Committee "on the requirements for the degree of M. D.," appointed by the Convention of 1846, presented a Report, which was, on motion, received, and laid upon the table to be printed. (*See Document* B.)

The Committee on Credentials, reported the following additional names of delegates. From

Medical Society of King's County, New York,	Drs. †Theodore L. Mason, †J. Sullivan Thorne, Lucius Hyde, †Chauncey L. Mitchell, David F. Atwater.
New York City Vaccine Institution,	Drs. John D. Russ, John W. Francis.
Medical Department of the University of Missouri,	Dr. John B. Johnson.
Massachusetts Medical Society,	Dr. J. V. C. Smith.
Faculty of Physic of the University of Maryland,	Drs. N. R. Smith, William Power, Samuel Chew.

On motion of Dr. Reese, of N. Y., the verification of the credentials of the delegates from the N. Y. Vaccine Institution was referred to the delegates from that city, with instructions to report thereupon.

Dr. Couper, of Del., as Chairman, presented the Report of the Committee "on Preliminary Education," appointed by the Convention of 1846, which, after being read, was, on motion, received, and laid on the table to be printed. (*See Document* C.)

Dr. Hays presented a portion of the Report of the Committee appointed by the Convention of 1846, to prepare a code of Medical Ethics, which (after some remarks by the Reporter in regard to the sources from which the provisions of the code were mainly derived) was read and disposed of temporarily, in the same manner as the foregoing reports.

The following Preamble and Resolution, introduced by Dr. Watts, of N. Y., was adopted:

Whereas, The credentials contain the names of delegates elected, of whom a part will not be present, therefore,

Resolved, That the "Register" of the Philadelphia Committee of Arrangement be adopted as the Register and Roll of the Convention.

Dr. Griscom moved that the Committee "on a Nomenclature of Diseases," of which he is Chairman, be authorized to print so much of the same, as it shall deem expedient for the use of the Convention. *Carried.*

Dr. D. Judkins, of Cincinnati, moved that when the Convention adjourns, it adjourn to meet at 9 o'clock, A. M. Several amendments fixing the hour at 10, and the length of the Sessions from 9 until 3 o'clock, were rejected, and then the original motion prevailed.

At the suggestion of Dr. Hays, it was

Resolved, That no persons should have access to the floor of the Convention, except delegates furnished with the cards provided by the Philadelphia Committee of Arrangement.

After which the Convention adjourned to 9 A. M. of the following day.

May 6th. Morning Session.

The Convention reassembled at nine o'clock, A. M.

The Minutes of the first day's proceedings having been read and approved, the roll was called; after which the Committee on Credentials reported the names of the following gentlemen as duly accredited delegates.

Centre Co. Medical Society (of Pennsylvania,)	Dr. William J. Wilson.

New York City and County Medical Society,	Dr. Jno. D. Russ, (an additional delegate.)
District Medical Society of Salem county, N. J.	Dr. Quintin Gibbon.
Alumni of Castleton Medical College, Vermont,	Dr. Horace Green.

Dr. J. H. Griscom, of New York, presented the following resolution, which was adopted:—

Resolved, That a committee of five be appointed by the Chair, to consider and report to the Convention measures for defraying its expenses.

The President then appointed the following gentlemen to be the Committee.

Drs. J. Bell, of *Philadelphia*,
A. March, of *Albany*,
J. M. Smith, of *New York*,
L. A. Smith, of *New Jersey*,
B. R. Wellford, of *Virginia*.

Dr. Stewart reported that the delegates from the New York Vaccine Institution, whose credentials had been referred to the New York City delegations, had withdrawn the same.

Dr. N. S. Davis, of Binghamton, New York, offered the following resolution, which was ordered to be laid upon the table.

Resolved, That a committee of one from each State represented in this Convention be appointed by the President, whose duty it shall be to investigate the *Indigenous Medical Botany* of our country; paying particular attention to such plants as are now, or may be hereafter during the term of their service, found to possess valuable medicinal properties, and are not already accurately described in the standard works of our country; and report the same in writing, giving not only the Botanical and Medical description of each, but also the localities where they may be found, to the next annual meeting of the American Medical Association.

A letter, addressed to the Secretary of the Convention, was now received and read; it was signed by Dr. Lewis W. Chamberlayne, in behalf of the Medical Faculty of Hampden Sydney College, at Richmond, Va., and expresssed the concurrence of the Faculty in the objects that brought the Convention together, and a regret that

the delegate appointed to represent that body, was prevented by illness from attending.

An invitation was received from the Rev. Jno. A. Vaughan, Principal of the "Pennsylvania Institution for the Instruction of the Blind," for the members of the Convention to visit that Institution.

On motion of Dr. R. S. Kissam, of N. Y., this, and all other invitations extended to the Convention, were ordered to be acknowledged and accepted by the Secretaries.

Dr. J. Bell, Chairman of the Committee appointed by the Convention of 1846, to prepare a code of Medical Ethics, read the introduction to the report presented yesterday, which was, on motion, ordered to be printed.—[*See Document* D.]

The report of the Committee appointed by the last Convention, to consider Dr. Bartles' Resolution, in regard to the union of teaching and licensing, was now called for. Dr. McNaughton, of Albany, Chairman of the Committee, presented and read a minority report.—[*See Document* F.] The majority report was presented by Dr. Isaac Parrish, of Philadelphia.—[*See Document* G.]

On motion of Dr. Reese, of N. Y., both reports were received and ordered to be printed.

Dr. A. B. Shipman, of N. Y., presented the following which was adopted.

Resolved, that Dr. Thomas Spencer, of Geneva, N. Y., accidentally with us on a tour for the restoration of his health, be invited to sit with us as a member of this Association; to participate in the debates, but not to vote.

Dr. J. H. Griscom, of N. Y., Chairman of the Committee appointed to prepare a "Nomenclature of Diseases," presented and read the report of his committee; which was received and ordered to be printed. —[*See Document* I.]

The following order was proposed by Dr. J. V. C. Smith, of Boston, and on motion of Dr. Watson, laid upon the table for the present.

Ordered, That a committee be appointed by the Chair to select a place for the National Medical Convention to hold a session in 1848.

Dr. Couper, of Delaware, moved that the report of the Committee on Preliminary Education, be now taken up.—[*See Document* C.] This motion prevailed, and the report having been again read, the resolutions accompanying it, were declared to be under consideration.

Several amendments to the first resolution having been proposed and lost, the question was taken upon the adoption of the resolution; and it was adopted.

The second Resolution was adopted after substituting the word "pursue" in place of "complete."

The third Resolution having been read, Dr. Cabell, of Va., offered an amendment, which was adopted, but subsequently reconsidered and withdrawn, and the resolution passed without amendment.

On motion, the Report of the Committee was adopted and ordered to be printed, together with the resolutions, as part of the proceedings of the Convention.

On motion of Dr. John Stearns, of New York, Professor Hare, of Philadelphia, was invited to a seat in the Convention, and to take part in the debates, but without the privilege of voting.

An invitation was received from the delegates in attendance from the City of Baltimore, for the National Association about to be formed, to hold its Session for 1848 in that city.

On motion, it was determined that when the Convention adjourns, it will adjourn to meet again at 5 o'clock, P. M.

Dr. Joel Hopkins, of Maryland, offered the following resolution to be adopted as a rule of the Convention.

Resolved, That no gentleman shall be permitted to speak more than twice on the same proposition, nor occupy more than fifteen minutes in speaking, without leave of the Convention.

The Resolution was amended, by inserting "ten minutes" in lieu of "fifteen minutes," and then adopted.

On motion of Dr. M'Naughton, of Albany, 250 additional copies of the Report of the Committee on Preliminary Education were ordered to be printed, and the Convention adjourned.

Afternoon Session.

The Convention was called to order at the hour to which it had adjourned.

The Committee on Credentials reported the name of Dr. J. Breitenbach, as an accredited Delegate from the Lebanon County Medical Society of Pennsylvania.

Dr. J. L. Peirce, of Michigan, offered the following resolution, which was adopted.

Resolved, That the delegates to this Convention, be requested to ascertain as far as may be practicable, and report to the next annual meeting, the number of practitioners of medicine in their respective States—designating the number who may have received a diploma from a medical college, the number who may have been licensed by

a medical society, and the number who practice medicine without any authority whatever.

Dr. I. Hays, of Philadelphia, moved to take up the Report of the Committee, appointed under the fourth resolution of the Convention of 1846, (*See Document* B.)—This motion prevailed, and on motion of Dr. N. S. Davis, of Binghamton, the resolutions attached to the report were ordered to be considered seriatim.

The first resolution having been read, Dr. Smith, of Newark, N. J., moved to amend by inserting "five months," in place of "six months"—the amendment was lost, and the question being taken upon the resolution, it was adopted.

The second, third, fourth, fifth, and sixth resolutions were then severally read and adopted without discussion.

The seventh resolution being under consideration, Dr. Washington L. Atlee, of Pennsylvania, offered the following as a substitute—

"That it is incumbent upon Preceptors, to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Medical Colleges, to require candidates for graduation to show that they have attended upon Hospital practice for one session, whenever it can be accomplished."

This substitute, having been accepted by the Committee, was adopted.

Resolutions were proposed by Drs. J. P. Jervey, of South Carolina, and Dr. A. H. Stevens, of New York, but were withdrawn in favour of the following additional resolution, offered by Dr. F. Campbell Stewart, of New York, and unanimously adopted—

"That it be suggested to the Faculties of the various Medical Institutions of the country, to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures."

The two remaining resolutions were then acted upon and passed; and on motion, the report and resolutions were adopted.

An invitation was received from Dr. Thomas S. Kirkbride, of the "Pennsylvania Hospital for the Insane," for the Delegates to visit the Institution under his control; and then the Convention adjourned to nine o'clock, A. M., on the following day.

May 7th. MORNING SESSION.

The Convention re-assembled at nine o'clock, A. M.

Dr. STEVENS, of New York, moved that a committee be appointed to invite Dr. JOHN REDMAN COXE to take a seat upon the floor of the Convention; which was carried.

Drs. STEARNS and ELI IVES were appointed.

Dr. BLATCHFORD, of New York, moved that Dr. CHENEY HOWE, of St. Louis, Mo., be invited to take a seat upon the floor of the Convention; which was carried.

The minutes of yesterday's meeting were then read.

Dr. HAXALL, of Virginia, moved to reconsider so much of the minutes as relate to the fifth resolution accompanying the report of the committee of which he was chairman (*see document* B); which motion was carried.

He then moved to strike out the words "that not less than one hundred lectures be delivered by each Professor;" which was carried.

The resolution as amended was then adopted.

The minutes were then confirmed.

The Committee on Credentials reported the names of the following gentlemen as accredited Delegates.

PENNSYLVANIA.

Centre Co. Medical Society,	Drs. WM. M. WILSON, JOHN MCCOY, †FRANKLIN R. SMITH.
Lebanon Co. Medical Society,	Drs. †JOHN W. GLONINGER, †DAVID B. MARSHALL, †NATHANIEL RANK, †SETH K. SMITH, †BENJ. F. SCHENCK, †SAMUEL BEHN, JEREMIAH BREITENBACH, †CYRUS C. GLONINGER, †GEORGE REX, †JONATHAN ZERBE, †HENRY STINE, †D. S. COOPER.

MARYLAND.

The Med. and Chirurg. Faculty of Maryland,	Drs. P. Wroth, James Bordley, Solomon Jenkins.

Under a previous resolution, also the name of Dr. Benj. King, of the U. S. Army.

Dr. Geo. B. Kerfoot, of Pennsylvania, offered the following:

Resolved, That when physicians are called upon by courts of justice to give medical evidence, or opinions in medico-legal questions; or by coroners to make *post-mortem* examinations, or chemical analyses; such services shall be considered professional, and remuneration expected accordingly.

Which was laid on the table.

Dr. Sumner, of Connecticut, offered the following:

Resolved, That a committee of three be appointed to ascertain and report to the next meeting of the Association, what legal enactments exist in the several states relative to the practice of medicine; and also what societies and associations have been formed by the physicians of the different states, to advance the medical profession.

Which was laid on the table.

Dr. Bell, of Penn'a, made the following report.

The committee appointed for taking measures to defray the expenses of the Convention, Report,

That from inquiries made they believe that the sum of six hundred dollars will cover all the expenses incident to the meeting of the present Convention, and they respectfully recommend that each member be invited to contribute three dollars to make up the above sum. Signed,

JOHN BELL, Chairman.

After some discussion, the report was adopted.

Dr. L. P. Bush, of Delaware, offered the following, which was laid on the table.

Resolved, That the committee on expenses be requested to collect the amount indicated as necessary to defray the expenses of the Convention.

On motion of Dr. Watson, of New York, the Convention took up the report of the committee on the organization of the National Medical Association (*see document* A).

Dr. Naudain, of Penn'a, moved that it be read from the Secretary's desk.

Dr. Cock, of New York, moved to dispense with the reading.

Dr. Naudain's motion prevailed.

The report was then read by the Secretary.

Dr. Hays, of Penn'a, moved to adopt the resolution on page second of the printed report, as far as the words "and that" on the 12th line, which was carried.

The Convention then proceeded to the consideration, seriatim, of the articles proposed for the government of the Association.

The first article being under consideration, Dr. Kerfoot, of Penn'a, offered the following as an amendment, that the title be "The Conventional Association of the United States."

Which was lost.

Dr. Stout, of New York, proposed the following amendment, that the title be "The Medical Association of the United States of North America."

Which was lost.

The first article was then put to vote and adopted without amendment.

The second article being then before the Convention, Dr. Hays, of Penn'a, offered the following:

Resolved, That the report be referred back to the committee with instructions to report a plan of organization in accordance with the following sketch.

1st. The Society to consist of members to be elected by the Association, directly, or through its council.

2d. Members, before admission into the Association, to sign a promise to conform to the laws of the Association.

3d. Members who violate this pledge, to be liable to expulsion, and to be deprived of the rights of brotherhood.

4th. For the appointment of a council to consist of the officers of the Society, and of councillors, to be elected annually, or all the former, and a portion at least of the latter, to be elected annually. The councillors to have the general superintendence of the concerns and publications of the Association, and to report the proceedings to the Association at its annual meeting.

After considerable discussion, Dr. Hays' resolution was lost.

It was then moved to adopt the second article.

Dr. Cabell, of Virginia, moved to insert after the word "Association," on the ninth line of the third page, second Article, of the printed copy, the words "but without the right of voting."

Which was carried.

Dr. Askew, of Del., offered the following amendment, which was lost.

That the third section of the second article be amended, by adding the words "State and," between the words "each" and "local;" and that the word "ten" be stricken out, and the word "five" be inserted.

Dr. Sumner, of Conn., moved to adopt the whole of the remaining articles.

The question was then taken upon adopting the whole of the remaining articles, and was carried.

The question was then put upon the adoption in full of the report as amended, and was carried.

The Convention then took up the report of the Committee on Medical Ethics.

Dr. L. P. Bush, of Del., moved to adopt the whole of the report, including the introduction. (*See Documents* D and E.)

Dr. John L. Atlee, of Penn., offered the following amendment, which was lost, viz.: in the fourth Section of Article four, to strike out the words, "in which they have been called," and to insert the words "of seniority, commencing with the youngest."

The question on Dr. Bush's motion, was then put to the Convention, and was carried.

The report of the Committee upon Registration was then taken up, and with the resolutions accompanying it, was adopted without dissent. (*See Document* H.)

The Convention took a recess for ten minutes, to enable members to hand in their contributions to the committee appointed to receive them, for the purpose of defraying the expenses of the Convention. After the Convention had re-assembled, the President announced the following Committee under the 2d Resolution, accompanying the report of the Committee on Registration.

Drs. J. H. Griscom, of *New York*,
C. A. Lee, " "
A. Clark, " "
G. Emerson, of *Pennsylvania*,
R. D. Arnold, of *Georgia*,
Jno. D. Russ, of *New York*,
Mr. Lemuel Shattuck, of *Massachusetts*.

The following communication, from Dr. Robley Dunglison, on the publications of the Sydenham Society, was then read to the Convention.

To the President of the National Medical Convention.

Philadelphia, May 6th, 1847.

Sir, I hope I may be pardoned by the Convention, for drawing the attention of its members to the *Sydenham Society of London*, which was instituted a few years ago, "for the purpose of meeting certain acknowledged deficiencies in existing means for diffusing medical literature," "not likely to be supplied by the efforts of individuals." It has been, and is, the purpose of the Society to carry its objects into effect by a succession of publications, embracing among others—*First*. Reprints of standard English works, which are rare or expensive. *Secondly*. Miscellaneous selections from the ancient, and from the earlier modern authors, reprinted or translated. *Thirdly*. Digests of the works of old and voluminous authors, British and foreign, with occasional biographical and bibliographical notices. *Fourthly*. Translations of the Greek and Latin medical authors, and of works in the Arabic, and other Eastern tongues, accompanied, when it is thought desirable, by the original text. *Fifthly*. Translations of recent foreign works of merit. *Sixthly*. Original works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerating sale;—such as bibliographies, alphabetical, and digested indexes, to voluminous periodical publications, &c.

The Society was instituted in the year 1843, on the plan of the Camden, Parker, and other societies, and now consists of between two and three thousand members;—the annual subscription being in England, £1 1*s*, paid in advance—in this country *five dollars*, for which sum each member receives a copy of every book printed by the Society,—the duty and expenses of transmission being, of course, paid by the member, in addition.

The edition of the first year's books, (for 1843–4), comprising *Hecker's Epidemics*, *Louis on Phthisis*, and *Sydenham's works* in Latin, consisted of 1750 copies; but owing to the large increase of members, it was found necessary to reprint them, and they are now in the hands of several members in this country. Of each of the works issued for the second year—1844–5—*Paulus of Ægina*, Vol. I., *Observations on Aneurism*, and *Simon's Animal Chemistry*, Vol. I., 2250 copies were printed; yet so great was the afflux of members after the time when it was necessary for the council of the Society to determine how many copies should be printed—the number of members being then eighteen hundred —that the whole edition was soon exhausted, and for some time the council have been unable to supply the numerous applicants for the second year's books. They may, however, be reprinted, although this is uncertain.

Constituted as the officers and council of the Sydenham Society are, of many of the most distinguished members of the profession in Great Britain, whose sole object in this undertaking is the benefit of that profession, and on whom great reliance may be placed, that the good work will be faithfully and ably executed, I have been emboldened to lay before the Convention its claims to their attention, and to place before them for their inspection, a copy of each of the works issued for the year 1846–7, (one other, "The Works of Harvey," being in course of distribution, but not having as yet reached this country,)—and likewise a few copies of the *Report of the Fourth General Meeting of the Society*, held on the first of May, 1846, which contains further information in regard to the proceedings of the Society, its laws, &c. I have the honour to be, with the greatest respect,

Your obedient humble servant,

ROBLEY DUNGLISON, *Hon. Local Secretary.*

N. B.—The other honorary local Secretaries of the Society, in this country, are Dr. T. R. Beck, of Albany, and Dr. C. A. Lee, of New York, delegates to the Convention.

Dr. Stevens, of New York, moved that the report of the Committee on the nomenclature of diseases, (*See Document* I.) which was next in order, be referred to the American Medical Association; which was carried.

The Report of the Committee on the Separation of Teaching and Licensing, was then called up.

Dr. Reese, of New York, offered the following—

Resolved, That the report of the majority of the committee on the subject of separating the teaching from the licensing power in Medical Colleges, be adopted by this Convention, and published in its transactions.

Resolved, That the report of the minority be laid upon the table, and printed in like manner.

Dr. Leonard, of Maryland, offered the following, as a substitute for the foregoing, which was accepted by Dr. Reese.

Resolved, That in view of the necessity hereby declared for reform in the manner of conferring degrees, the two reports submitted by the committee on the separation of teaching and licensing, be published and referred to the Committee on Medical Education, with instructions to report at the next annual meeting of the American Medical Association, which was adopted. (*See Documents* F and G.)

The Convention then adjourned to 5 o'clock, P. M.

Evening Session.

At 5 P. M. the Convention met pursuant to adjournment.

Dr. J. V. C. Smith, of Boston, introduced the following Resolution, which was read and adopted.

Resolved, That the thanks of this Convention are due to the officers and directors of the various institutions, who have politely invited the members to visit them at their own convenience,—to the Committee of Reception and Arrangements, on behalf of the Philadelphia Delegation, for the spacious and elegant accommodations provided,—to the Academy of Natural Sciences, for the use of its Hall,—and to the whole medical profession of the city, for the marked kindness, personal attention, and generous hospitality, which have characterized their intercourse with this body since the commencement of its deliberations.

On motion of Dr. L. A. Smith, of New Jersey, it was

Resolved, That those members of the Convention who left the city before the assessment of three dollars to defray expenses was made, be requested to forward that amount to Dr. J. Rodman Paul, of Philadelphia, by letter, or otherwise, as may be convenient.

Dr. Reese, of New York, introduced the following Resolution:

Resolved, That a committee be appointed to draft a memorial to the Congress of the United States, asking that a portion of the Smithsonian funds may be annually appropriated to the uses of the American Medical Association;—which was seconded by Dr. Meigs, of Philadelphia, but laid upon the table.

A like disposition was made of the following, offered by Dr. M. H. Houston:

Resolved, That a committee of seven be appointed to report to the next annual meeting of the American Medical Association, such modifications of, and amendments to, the adopted plan of organization, as in their estimation may be imperiously required, in order to accomplish the objects of its original organization.

On motion of Dr. Thomson, of Delaware, it was ordered "that the names of the delegates, when published, be arranged by States."

The following Preamble and Resolutions, introduced by Dr. Henry Carpenter, of Lancaster, were laid upon the table:

Whereas, The difficulties which sometimes unfortunately arise between the physicians in their attendance upon the sick, are frequently owing to improper procedure, or representations on the part of the patients or friends, from an ignorance of the etiquette which should govern the conduct of the respective parties towards each other; therefore,

Resolved, That the President of this Convention appoint a committee of three, to select such parts of the code of Ethics, adopted by this body, as they may deem expedient, and report the same to the Convention for approval at its session to-morrow morning.

2*d*, That the Committee of Publication have a sufficient number of copies of the same printed, and deliver, or send, to each delegate a suitable number.

3*d*, That delegates request the editors of the public journals, in their respective localities, to publish the same as proper and useful information for the people.

Dr. Garvin, of Georgia, introduced the following Resolution, which was adopted.

Resolved, That the thanks of the Convention be presented to their

President, Dr. Knight; to the Vice Presidents, Drs. Stevens, Wood, Buchanan, and Harrison; and to the Secretaries, Drs. Arnold, Stillé, and Stewart, for the very efficient manner in which they have discharged the various duties imposed upon them.

Dr. A. Flint, of New York, presented the following Resolution, which was passed:—

Resolved, That it be recommended by this Convention to the medical profession of the States, wherein laws sanctioning and providing for the prosecution of dissections do not already exist, to unite in endeavouring to procure the passage of such laws.

Dr. Thomson, of Delaware, offered a Resolution relative to the organization of the "American Medical Association," but accepted as a substitute the following, presented by Dr. F. C. Stewart, of New York.

Resolved, That all unfinished business be referred to the "American Medical Association" about to be organized.

Resolved, That this Convention do now resolve itself into the "American Medical Association," and that the officers of the Convention continue to act as officers of the Association until others be appointed; which was unanimously adopted.

On motion, the President was requested to appoint a Committee, consisting of one person from each State represented in the Convention, to nominate officers of the Association for the ensuing year.

The following gentlemen were accordingly appointed.

Drs. H. F. Askew,	*Del.*	Dr. Corbin,	*Va.*
" Twitchell,	*N. H.*	" Moultrie,	*S. C.*
" Hall,	*Vt.*	" Garvin,	*Ga.*
" Adams,	*Mass.*	" Keirn,	*Miss.*
" Dunn,	*R. I.*	" Buchanan,	*Tenn.*
" N. B. Ives,	*Conn.*	" Harrison,	*La.*
" J. R. Manley,	*N. Y.*	" Litton,	*Mo.*
" L. A. Smith,	*N. J.*	" Frye,	*Ill.*
" R. La Roche,	*Pa.*	" Shipman,	*Ind.*
" Dunbar,	*Md.*	" Judkins,	*O.*
" J. Riley,	*D. C.*	" Annan,	*Ky.*

On motion of Dr. Bishop, of Connecticut, it was

Resolved, That the Delegates of every Society or Association, represented in this body, be requested to send to the Secretaries the form of organization, or act of incorporation, and constitution of their Society or Association, with a list of its members.

Dr. Griscom, of New York, moved that the Report on the Nomenclature of Diseases, be referred to the Committee on Registration, appointed at the morning session. It being objected that this committee was created by the Convention, the Association, on motion of Dr. F. C. Stewart, confirmed the appointment of the Committee, and the Report was referred accordingly.

Dr. Humes, of Pennsylvania, offered a resolution, directing the Committee on Registration to report on the subject of premature interments, which was laid upon the table.

The Committee appointed to nominate Officers for the American Medical Association, reported the following nominations.

PRESIDENT,

Dr. Nathaniel Chapman, *of Pennsylvania.*

VICE PRESIDENTS.

Drs. Jonathan Knight, *Conn.;* Alexander H. Stevens, *N. Y.;* James Moultrie, *S. C.;* A. H. Buchanan, *Tenn.*

SECRETARIES,

Drs. Alfred Stillé, *Philadelphia;* J. R. W. Dunbar, *Baltimore.*

TREASURER,

Dr. Isaac Hays, *Philadelphia.*

It was determined on motion of Dr. J. L. Atlee, of Pennsylvania, that the vote of the Convention for Officers be taken *vivâ voce.*

Dr. A. H. Stevens, of New York, moved a reconsideration of this motion; which was carried, and on motion of Dr. Askew, of Delaware, the vote was ordered to be taken by ballot. Drs. Blatchford, of New York, and Haxall, of Virginia, were appointed tellers, and declared that the nominees of the Committee were unanimously elected Officers of the Association for the ensuing year.

On motion of Dr. Thomson, of Delaware, a committee of five was ordered to wait upon the President elect, and invite him to take the Chair. For this purpose the President appointed Drs. Twitchell, of N. H.; E. Ives, of Conn.; Corbin, of Va.; Jervey, of S. C.; and Annan, of Ky.

Dr. J. V. C. Smith, of Mass., moved to take up his resolution in regard to the next place of meeting of the Association, and the invitation of the Delegates from Baltimore having been called for and read, it was, on motion, Resolved, that their invitation be accepted.

Dr. Watson, of New York, moved for a committee of seven, to

nominate members of the Standing Committees named in the plan of organization, but the motion was so amended as to empower the President and Vice Presidents, to appoint these Committees in time for the publication of the proceedings, and the motion, thus amended, was passed.

On motion of Dr. N. S. Davis, of N. Y., his resolution relative to a committee, to report on the indigenous Botany of the several states, was taken from the table, and adopted.

Dr. Chapman, the President elect, was then introduced, and on taking the chair, made the following remarks:

"He could find no language to express the depth of his gratitude. It had often been his good fortune during his professional life to have been complimented in the same manner, though not in the same degree. This was the most precious of all the honors he had received, as spontaneously conferred by his own brethren. He confessed his incompetency to serve the Association as he could desire. He loved his profession, and should be ungrateful if he did not: whatever he possessed in this life, had been bestowed by its favors; when he forgot it, or deserted it and its disciples, he remarked with great emphasis, may Almighty God forget and desert me. He desired that the Association should be persuaded of his ardent wishes for the cause, and that his most strenuous efforts would be unceasingly directed to advance the dignity of the profession, and extend its usefulness."

The following was offered by Dr. John B. Johnson, of Missouri:

Whereas numberless and important evils result from the almost universal practice of allowing persons wholly ignorant of drugs and medicines to engage as apothecaries; and still greater from the universal traffic in patent and secret medicines,

Therefore, resolved, that the Committee on Education inquire into the expediency of establishing a school or schools of Pharmacy in the respective States, for the special purpose of preparing persons for the business of apothecaries; and also the expediency of adopting a rule that no physician ought to patronize a druggist or apothecary who deals in patent and secret medicines—and report at the next annual meeting of the Association. Adopted.

The following was offered by Dr. F. Campbell Stewart, of New York:

Resolved, That the Committee on Publication be directed to have printed not less than two thousand copies of the proceedings of the late Convention, (with the Reports,) and of this Association up to the

period of its adjournment; and distribute the same to the members of the Association. Passed.

After which, on motion, the Association adjourned to meet in Baltimore on the *first Tuesday* of May, 1848.

At a meeting of the President and Vice Presidents of the "American Medical Association," held on May 8th, 1847, the following Standing Committees were appointed in pursuance of the order of the Association:

Committee of Arrangements.

Dr. G. C. M. Roberts, Balt., *Chairman.*

Dr. A. C. Robinson, Balt.
" J. H. Briscoe, "
" J. R. W. Dunbar, "
Dr. Wm. Power, Balt.
" W. T. Leonard, "
" C. Bell Gibson, "

Committee on Medical Sciences.

Dr. S. Henry Dickson, S. C., *Chairman.*

Dr. J. P. Jervey, S. C.
" Robert Bridges, Philada.
" J. W. Francis, N. Y.
Dr. Wm. T. Wragg, S. C.
" Wm. Power, Balt.
" T. Romeyn Beck, N. Y.

Committee on Practical Medicine.

Dr. Joseph M. Smith, N. Y., *Chairman.*

Dr. René La Roche, Phila.
" John Harrison, La.
" H. M. Bullitt, St. Louis, Mo.
Dr. J. B. Beck, N. Y.
" Isaac Wood, "
" G. S. Camman, "

Committee on Surgery.

Dr. George W. Norris, Philada., *Chairman.*

Dr. Isaac Parrish, Philada.
" John Watson, N. Y.
" A. L. Peirson, Salem, Mass.
Dr. J. Randolph, Philada.
" H. H. McGuire, Petersburg, Va.
" C. Bell Gibson, Balt.

Committee on Obstetrics.

Dr. Harvey Lindsly, D. C., *Chairman.*

Dr. G. C. M. Roberts, Balt.
" J. Riley, D. C.
" R. W. Haxall, Richmond, Va.
Dr. W. Channing, Boston.
" C. R. Gilman, N. Y.
" S. Annan, Lexington, Ky.

Committee on Medical Literature.

Dr. Oliver Wendell Holmes, Boston, *Chairman.*

Dr. E. Hale, Boston.
" G. C. Shattuck, Jr., "
" D. Drake, Louisville, Ky.
Dr. John Bell, Philada.
" Austin Flint, Buffalo.
" W. Selden, Norfolk, Va.

Committee on Medical Education.

Dr. Alexander H. Stevens, N. Y., *Chairman.*

Dr. Amos Twitchell, Keene, N. H.
" B. R. Wellford, Fredericksburg, Va.
" Arnold Naudain, Philada.
Dr. R. D. Arnold, Savannah.
" F. Campbell Stewart, N.Y.
" L. P. Bush, Wilmington, Del.

Committee on Publication.

Dr. Isaac Hays, Phila., *Chairman.*

" Dr. Alfred Stillé, Phila.
" J. V. C. Smith, Boston.
" J. P. Garvin, Augusta, Ga.
Dr. J. R. W. Dunbar, Balt.
" Gouverneur Emerson, Phil.
" Caspar Morris, "

Committee on Indigenous Botany, under the Resolution of Dr. N. S. Davis.

Dr. N. S. Davis, Binghamton, N. Y., *Chairman.*

Dr. S. W. Williams, Mass.
" Eli Ives, Conn.
" Engleman, Mo.
" W. A. Cheetham, Tenn.
" Jos. Carson, Pa.
" Charles Short, Ky.
" E. E. Phelps, Vt.
" A. Twitchell, N. H.
" T. C. Dunn, R. I.
" Lyndon H. Smith, N. J.
" Jas. Couper, Del.
Dr. A. C. Robinson, Md.
" Frederick Marx, Va.
" J. P. Porcher, S. C.
" J. Le Conte, Ga.
" Cartwright, Miss.
" Carpenter, La.
" John M. Bigelow, Lancaster, Ohio.
" G. Norwood, Ind.
" Merryman, Springfield, Ill.
" Russel, Detroit, Mich.
" J. Riley, D. C.

Note.—Dr. Hiram Corliss, a delegate from the Washington Co. (N. Y.) Medical Society, having been prevented from reaching Philadelphia until the day after the Association adjourned, signed the Constitution of the Association, and paid the assessment ordered by the Convention.

Richard D. Arnold,
Alfred Stillé,
F. Campbell Stewart,
Secretaries.

APPENDIX.

REPORTS OF COMMITTEES

AS PRESENTED,

WITH THE

RESOLUTIONS AS AMENDED AND ADOPTED.

A.

Report of the Committee on the Organization of the National Medical Association, as ordered by the National Medical Convention held in the City of New York in the month of May, 1846.

The Medical Convention held in the city of New York, in May last, having resolved, "That it is expedient for the Medical Profession of the United States to institute a National Medical Association," and having appointed a committee of seven, consisting of Drs. John Watson, John Stearns, and F. Campbell Stewart, of the city of New York; A. Stillé, of Philadelphia; N. S. Davis, of Binghamton, N. Y.; W. H. Cogswell, of Plainfield, Conn.; and E. D. Fenner, of New Orleans, "To report a plan of organization for such an association, at a meeting to be held at Philadelphia, on the first Wednesday in May, 1847;" the said committee, after carefully deliberating on the business entrusted to them, beg leave respectfully to

REPORT.

PLAN OF ORGANIZATION FOR A NATIONAL MEDICAL ASSOCIATION.

Whereas, the Medical Convention, held in the city of New York in May, 1846, have declared it expedient "for the Medical Profession of the United States to institute a National Medical Association;" and,

Inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical Profession in this country, must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here, for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honour, and interests of the Medical Profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fos-

tering friendly intercourse between those who are engaged in it;—therefore,

Be it resolved, in behalf of the Medical Profession of the United States,—that the members of the Medical Convention held in Philadelphia, in May, 1847, and all others who, in pursuit of the objects above-mentioned, are to unite with, or succeed them, constitute a National Medical Association;—and that, for the organization and management of the same, they adopt the following

REGULATIONS.

I. TITLE OF THE ASSOCIATION.

This institution shall be known and distinguished by the name and title of "The American Medical Association."

II. MEMBERS.

The members of this institution shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States; and shall hold their appointment to membership either as delegates from local institutions, as members by invitation, or as permanent members.

The Delegates shall receive the appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing, in the United States. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and shall participate in all the business and affairs of the association.

Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

The Members by Invitation shall consist of practitioners of reputable standing, from sections of the United States not otherwise represented at the meeting. They shall receive their appointment

by invitation of the meeting after an introduction from any of the members present, or from any of the absent permanent members. They shall hold their connection with the association until the close of the annual session at which they are received; and shall be entitled to participate in all its affairs, as in the case of delegates.

The Permanent Members shall consist of all those who have served in the capacity of delegates, and of such other members as may receive the appointment by unanimous vote.

Permanent members shall at all times be entitled to attend the meetings, and participate in the affairs of the association, so long as they shall continue to conform to its regulations, but without the right of voting; and when not in attendance, they shall be authorized to grant letters of introduction to reputable practitioners of medicine residing in their vicinity, who may wish to participate in the business of the meetings, as provided for members by invitation.

Every member elect, prior to the permanent organization of the annual meeting, or before voting on any question after the meeting has been organized, must sign these regulations, inscribing his name and address in full, specifying in what capacity he attends, and, if a delegate, the title of the institution from which he has received his appointment.

III. MEETINGS.

The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The place of meeting shall never be the same for any two years in succession, and shall be determined for each next succeeding year by vote of the Association.

IV. OFFICERS.

The officers of the Association shall be a President, four Vice Presidents, two Secretaries, and a Treasurer. They shall be nominated by a special committee of one member from each state represented at the meeting, and shall be elected by vote on a general ticket. Each officer shall hold his appointment for one year, and until another is elected to succeed him.

The President shall preside at the meetings, preserve order and decorum in debate, give a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require.

The Vice Presidents, when called upon, shall assist the President in the performance of his duties, and, during the absence, or at the request of the president, one of them shall officiate in his place.

The Secretaries shall record the minutes, and authenticate the proceedings, give due notice of the time and place of each next ensuing annual meeting, and serve as members of the Committee on Publication. The Secretary first in nomination shall also preserve the archives and unpublished transactions of the Association.

The Treasurer shall have the immediate charge and management of the funds and property of the Association. He shall be a member of the Committee on Publication, to which committee he shall give bonds for the safe keeping, and proper use, and disposal of his trust. And through the same committee he shall present his accounts, duly authenticated, at every regular meeting.

V. STANDING COMMITTEES.

The following Standing Committees, each composed of seven members, shall be organized at every annual meeting, for preparing, arranging, and expediting business for each next ensuing year, and for carrying into effect the orders of the Association not otherwise assigned—namely, a Committee on Arrangements, a Committee on Medical Sciences, a Committee on Practical Medicine, a Committee on Surgery, a Committee on Obstetrics, a Committee on Medical Education, a Committee on Medical Literature, and a Committee on Publication.

The Committee on Arrangements shall, if no sufficient reasons prevent, be mainly composed of members residing in the place at which the Association is to hold its next annual meeting; and shall be required to provide suitable accommodations for the meeting, to verify and report upon the credentials of membership, to receive and announce all essays and memoirs voluntarily communicated, either by members of the Association, or by others through them, and to determine the order in which such papers are to be read and considered.

The Committee of Medical Sciences shall prepare an annual report on the progress of Medical Sciences in America, noticing, as occasion may require, the more important improvements and discoveries in Anatomy, Physiology, Hygiène, General Pathology and Therapeutics, Medical Jurisprudence, Materia Medica, and other branches of natural science, bearing directly on the condition and progress of medical knowledge in America, during the year of their service.

The Committee on Practical Medicine shall prepare an annual report on the more important improvements effected in this country in the management of individual diseases; and on the progress of epidemics: referring, as occasion requires, to medical topography, and to the character of prevailing diseases in special localities, or in the United States generally, during the term of their service.

The Committee on Surgery shall prepare an annual report on all the important improvements in the management of surgical diseases effected in America during the year.

The Committee on Obstetrics shall prepare an annual report on all the important improvements in the Obstetric Art, and in the management of diseases peculiar to women and children, effected in America during the year.

The Committee on Medical Education shall prepare an annual report on the general condition of medical education in the United States, in comparison with the state of medical education in other enlightened nations; noticing, as occasion may call for, the courses of instruction, the practical requirements for graduation, the modes of examination for conferring degrees, and the reputed number of pupils and of graduates at the several medical institutions in the United States, during the year:—noticing also the requirements of the United States Army and Navy Boards of Medical Examiners, the legal requirements exacted of medical practitioners in our several states, and all such measures, prospective or established, in reference to medical education and the reputable standing of the profession, as may be deemed worthy of special consideration.

The Committee on Medical Literature shall prepare an annual report on the general character of the periodical medical publications of the United States, in reference to the more important articles therein presented to the Profession, on original American medical publications, on medical compilations and compends by American writers, on American reprints of foreign medical works, and on all such measures as may be deemed advisable for encouraging and maintaining a national literature of our own.

The Committee on Publication, of which the Secretaries and Treasurer must constitute a part, shall have charge of preparing for the press, and of publishing and distributing such of the proceedings, transactions and memoirs of the Association, as may be ordered to be published. The six members of this Committee, who have not the immediate management of the funds, shall also in their own names as agents for the Association, hold the bond of the Treasurer for the faithful execution of his office, and shall annually audit and authenti-

cate his accounts, and present a statement of the same in the annual report of the Committee; which report shall also specify the character and cost of the publications of the Association during the year, the number of copies still at the disposal of the meeting, the funds on hand for further operations, and the probable amount of the Assessment to be laid on each member of the Association for covering its annual expenditures.

VI. FUNDS AND APPROPRIATIONS.

Funds shall be raised by the Association for meeting its current expenses and awards from year to year; but never with the view of creating a permanent income from investments. Funds may be obtained by an equal assessment of not more than three dollars annually on each of the members; by individual voluntary contributions for specific objects; and by the sale and disposal of publications, or of works prepared for publication.

The funds may be appropriated for defraying the expenses of the annual meetings; for publishing the proceedings, memoirs, and transactions of the association; for enabling the standing committees to fulfil their respective duties, conduct their correspondence, and procure the materials necessary for the completion of their stated annual reports; for the encouragement of scientific investigations, by prizes and awards of merit; and for defraying the expenses incidental to specific investigations under the instruction of the association, where such investigations have been accompanied with an order on the treasurer to supply the funds necessary for carrying them into effect.

VII. PROVISION FOR AMENDMENTS.

No amendment or alteration shall be made in any of these articles, except at the annual meeting next subsequent to that at which such amendment or alteration may have been proposed; and then only by the voice of three-fourths of all the members in attendance.

And, in acknowledgment of having adopted the foregoing propositions, and of our willingness to abide by them, and use our endeavours to carry into effect the objects of this association, as above set forth,—we have hereunto affixed our names.

NAMES OF MEMBERS.	RESIDENCE.	INSTITUTIONS REPRESENTED.

In connection with the foregoing "Plan of Organization," the committee beg leave further to report the following as one of the ordinances, or by-laws of the proposed association, viz:

THE ORDER OF BUSINESS.

The order of business at the annual meetings of the American Medical Association shall at all times be subject to the vote of three-fourths of all the members in attendance; and until permanently altered, except when for a time suspended, it shall be as follows, viz:

1. The temporary organization of the meeting preparatory to the election of officers.
2. The report of the Committee of Arrangements on the credentials of members; after the latter have registered their names and addresses, and the titles of the institutions which they represent.
3. The calling of the roll.
4. The election of officers.
5. The reading of minutes.
6. The reception of members not present at the opening of the meeting, and the reading of notes from absentees.
7. The reception of members by invitation.
8. The reading and consideration of the stated annual reports from the standing committees.
9. The selection of the next place of annual meeting.
10. The new appointments to fill the standing committees.
11. The choice of permanent members by vote.
12. Resolutions introducing new business, and instructions to the permanent committees.
13. The reading and discussion of voluntary communications introduced through the committee on arrangements
14. Unfinished and miscellaneous business.
15. Adjournment.

Before bringing this report to a close, the committee beg leave to remark, that in preparing the foregoing "plan of organization," and "ordinance" accompanying it, they have constantly had in view, as worthy of imitation, the plan of organization and order of business adopted without any previous concert of action, by the Medical Convention of 1846.

The plan here presented, differs from the mode of organization adopted by the late Convention, principally in such points as are

necessary to give permanency and influence to the proposed association. It is believed to be sufficiently simple and at the same time sufficiently comprehensive and practicable, for organizing the whole of the Medical Profession of the United States into a permanent body; and for carrying into effect all the objects contemplated in the formation of a National Medical Association.

All of which is respectfully submitted.

JOHN WATSON
JOHN STEARNS
F. CAMPBELL STEWART
ALFRED STILLE
N. S. DAVIS
E. D. FENNER, (by the Chairman.)

B.

Report of the Committee appointed under the fourth resolution of the National Medical Convention, which assembled in New York, in May, 1846.

Resolved,—That it is desirable that a uniform and elevated standard of requirements for the degree of M. D. should be adopted by all the Medical Schools in the United States; and that a committee of seven be appointed to report on this subject, at a meeting to be held in Philadelphia on the first Wednesday in May, 1847.

Committee—Drs. Haxall and Cullen, of Richmond; S. A. Patteson, Manchester, Va.; A. Flint, Buffalo, N. Y.; J. Perkins, Castleton, Vt.; J. A. Wing, Albany, N. Y.; Geo. W. Norris, Philadelphia.

The committee under the fourth resolution of the convention which assembled in New York in May, 1846, and which has for its object the adoption of a uniform and elevated standard of requirements for the degree of M. D., have had the same under consideration, and beg leave to offer the following

REPORT.

The excitement which appears to have pervaded the medical mind for some considerable time in relation to the subject of reform, not only in this but in foreign countries, would of itself present an argument sufficiently demonstrative of its importance.

The ceaseless and unwearied exertions of the master-minds of the profession, constantly urging on improvement in the various departments of medicine, have elaborated a work which it will require years of toilsome study justly to appreciate; and while we are far from indulging the Utopian idea that the newly graduated student is to be immediately transformed into the accomplished physician, yet do we believe from the complaints which spring from almost every quarter, that lamentable deficiencies do exist, and that these deficiencies should be corrected.

Nor do we stand alone in this opinion. The same spirit of reform

which has assembled this convention, produced in Great Britain amendments to the charters of her Colleges, and convoked the Medical Congress which sat in Paris, than which a more renowned body of men never met to deliberate upon the interests of the profession. Not a great deal, it is true, has yet been accomplished in Great Britain, owing to the influence still exercised by medical corporations, and the indifference with which Parliament has regarded the efforts of the reformers. But in enlightened France, protected and cherished as are all her literary institutions by government, the most propitious results have been obtained. The term of study has been prolonged; other branches of medical education have been added to the already extensive curriculum, and more frequent and rigid examinations have been adopted by which to test the qualification of the candidate.

And when we consider the existing systems of other countries, how vast a difference is manifested upon the most cursory examination; truly must it be acknowledged that the mass of our medical graduates is inferior to those of other climes, or that the talent of America, like its broad and impetuous rivers, or its majestic forests, can recognize no equality in others.

We are free to confess that within the last twenty or five-and-twenty years, medicine has been better taught among us than at any former period. It is difficult to imagine, indeed, that the progressive efforts of foreign lands should pass wholly unnoticed in this; and, while their example has been productive of some improvement, much yet remains to be accomplished. It is unquestioned that the facilities for education have been augmented not only in the public schools of the country, but private enterprise has exerted no slight influence in the attainment of this end. But let us not remain stationary while the interests of society and the profession impel us to further advancement.

If we discard the preliminary education demanded of students in Europe, and confine our attention to the branches actually taught in the medical schools, it will be perceived that the deficiency on our part is sufficiently apparent. All the branches which we profess to teach are taught by them; in addition to which (and we now refer more particularly to continental institutions) we may enumerate the several subjects of Zoology, Botany, Comparative Anatomy, the History of Medicine, Hygiene, Medical Physics, and Clinical Medicine and Surgery. All these branches, it is true, are not crowded upon the mind during a single session, but are distributed throughout successive years; while clinical instruction, in both medicine and surgery, is reserved for the last year or two, after it is presumed the student has

made such advances in his primary studies as will enable him perfectly to understand the lessons which are taught him at the bedside of the patient.

Instruction so full and so complete must of necessity require a lengthened period for its accomplishment; hence we find that, in France and Austria, the term of lectures is extended to a fraction more than four years; in Germany to three years and four months; in Great Britain to two years, while in the schools of our own country, two sessions of four months each are alone sufficient to entitle the candidate to an examination. And if we extend our inquiries a step further, we shall find as great a contrast in regard to the examinations by which the qualifications of candidates are tested. Nowhere, we believe, except in England and America, is the qualification made to rest upon a single viva-voce examination; but throughout the period of the student's probation, repeated examinations are held at stated intervals. By proceeding in this manner, not only is the qualification more accurately ascertained, but certain branches are completely mastered before others have been commenced. Thus we learn from Mr. Surgeon Wilde's work on Austria and her Institutions, that, at Vienna, the student is compelled to undergo an examination at the end of every six months by each professor whose lectures he may have attended. During the fifth year, which completes his term of study, he is subjected to two other examinations, besides giving a detailed history of two or more clinical cases, and defending in public a thesis written in the Latin language. In Prussia, four examinations are required. When the pupil has satisfactorily completed the third, the honours of the Doctorate are conferred upon him; but he is not yet permitted to enter upon the practice of his profession. To enjoy this privilege, a more rigid ordeal must be passed; he is now called upon to demonstrate his *practical* acquaintance with the several subjects in which he has been instructed; to take charge of patients under the immediate inspection of his teachers, and finally to be questioned by eight of the most distinguished professors of the country in every department of medical science. By a recent decree of the University of France, it is now ordered that examinations shall be held at the termination of each year upon the branches which have been taught during the year; at the conclusion of the whole term of study, a final examination is instituted, embracing the subjects taught throughout the whole course. A knowledge of clinical medicine and surgery is also required, and a thesis must be publicly defended.

Although thus rapidly and most imperfectly enumerated, we have thought it not inappropriate to the subject to mention the requisitions

which are demanded in foreign schools. They either exact of their pupils an unnecessary standard of requirements, or we, on the contrary, are satisfied with too low a grade of qualification. Which alternative is this convention prepared to adopt? Are we willing to assert, and maintain the opinion that he who has passed eight months within the walls of a medical college is as well fitted for the practical duties of his profession, as he who has devoted years to more extended studies? Assuredly we cannot advocate a proposition so absurd. Nor, perhaps, is it at all requisite to occupy the time of the convention with a long detail of arguments in order to prove the *necessity* of some measures of reform.

In regard to the two subjects of preliminary education and the mode of examination, this committee has nothing to do. But being charged with the duty of reporting upon a uniform and elevated standard of requirements for the degree of M. D., whatever alteration in the present system it may recommend, will more immediately bear upon the interests of the schools. Yet let it not be supposed, as some we fear have imagined, that the object of this Committee, or of this Convention, is to attack with a ruthless hand the institutions of the country, rendered venerable by time, or that still larger number whose charters have been obtained at a more recent date. We believe that no agrarian feeling has stimulated to action the advocates of reform in this or any other land ; we dare express the conviction that the best interests of society and of the profession itself (which spring from no selfish considerations), could alone have commenced a work, which, if calmly and perseveringly conducted, must redound to the good of all.

We are aware that many obstacles are opposed to the successful prosecution of the several matters upon which we have assembled to deliberate. With no National Legislature to regulate our Medical Institutions, and with a reckless indifference to their concerns too often practised by our State Governments, each has endeavoured to build up for itself, if not an enduring reputation, at least a long catalogue of names. And the colleges themselves resting secure in their chartered rights, may contend against any interference with their several systems of education ; although we would fain indulge the hope that some among them stand prepared to listen to that voice which rarely speaks in vain—the voice of public opinion. This it is which now agitates the professional mind from one end of this Union to the other ; and this it is which, if not now heeded, will not cease to reiterate its cry. Let but a very few even of our conspicuous institutions demand of their pupils a more extended course of study,

and so far from their interests perishing in the attempt, we cannot doubt that an accession to their numbers will ere long reward their efforts. The possession of the diploma no longer tests the qualification of the man; and it cannot be doubted that the large number of Medical Colleges throughout the country, and the facility with which the degree is obtained, have exerted a most pernicious influence. Numbers of young men have entered the profession who were not prepared for its onerous and responsible duties, who, after a longer or shorter period of disappointment, have served to swell the list of empirics, or to seek employment by means unbecoming the character of the physician or the gentleman. Nor can it well be otherwise, when each returning spring lets loose upon the community some twelve or thirteen hundred graduates, whose professional existence must depend upon the encouragement they receive.

To correct these evils it is indispensable that the standard both of preliminary and of medical education should be elevated; and as we have said before, let no institution fear to commence the laudable undertaking. The encouraging plaudits of the profession will cheer it on, and its general voice will direct our medical students to that source of information from which is to be derived the largest supply. We are, moreover, unwilling to inflict such discredit upon the ingenuous youth of the land as to imagine, that they would not voluntarily become the pupils of that school whose diploma is to be gained by a more prolonged and complete course of study. They will feel that their success in after life will mainly depend upon the labours of their earlier years; and when success shall crown their efforts, they will enjoy the proud satisfaction of knowing that it is based, not upon the disgraceful trickery of the impostor, but upon the solid foundation of positive acquirement.

It may not, perhaps, be wandering too far from our legitimate course to remark, that no ordinary responsibility rests upon Professors themselves. They stand as the guardians more than any others of the public weal; for every student who receives the diploma, is furnished by them with *prima facie* evidence, that he is prepared for that important occupation in which he seeks to engage. And if we admit the supposition that in any case he is not thus prepared, it will require the prediction of no seer to foretell the lamentable result. We believe the opinion defensible, that in no profession is it more difficult to arrive at just conclusions, as to real merit, than in that of medicine. "And hence (in the language of another) there devolves upon those who are most competent to judge, and who have the best opportunity for judging, a vast responsibility to see well to it that none

but the truly meritorious should be admitted to the profession under their sanction. From the fact that society cannot in this respect adequately protect itself, the Teachers in our Medical Schools should exercise a guardianship the more watchful, a jealousy the more keen, and a firmness the more unyielding." With a determination thus expressed, to furnish the community with individuals who have gained the honours of the Doctorate solely on account of their merit, it cannot be saying too much when we assert that a reciprocal duty rests upon it; a duty which should ever lead to the protection and encouragement of those who have devoted their time and talents to its dearest interests.

The most beneficial consequences may also be expected from the efforts of private Preceptors. The position can scarcely be controverted, that a proper inquiry into the fitness of young men to become Students of Medicine is but seldom instituted; and numbers have been admitted into the offices of their Preceptors who were deficient even in the most common branches of an English education. Too long has it been imagined, and too often has it been asserted, that the veriest dolts possessed intellect sufficient for the study of medicine. To such the idea could never have occurred, that within its broad and expanded limits may be profitably included a knowledge of almost every science; nay, more, may we not truly say that a high and exalted position can never be attained, unless the mind be well stored with an amount of collateral information which will be found to bear upon our professional studies at every step?

There is another point in which the preceptor sometimes fails to do his duty. We are too often satisfied with merely placing the most approved authors, if you please, in the hands of our pupils, without instituting a regular series of examinations and explanations, in default of which the impressions produced by reading are frequently evanescent, if not erroneous. The inexperienced mind of the student requires so to be regulated in its pursuits, that each successive link in the chain of information may be properly adjusted; by which arrangement not only is much economy of time and labour secured, but the field of knowledge is thus gradually expanded before him, until finally he is brought to comprehend its whole area in all its uniformity and beauty. Let us then exercise a jealous watchfulness over our pupils in these particulars; let us remand to academical teachings the individual who has neglected the rudiments of a common education, and let us feel that we have not rightfully earned our fees of tuition, unless we shall have honestly laboured to advance the student's interests by all the means in our power.

In entering upon the principal purport of this report, it is deemed advisable to remark, that in order to obtain a knowledge of the requirements demanded by the various schools of the country, a letter was addressed to all whose existence was known to your committee, requesting them to furnish the desired information. These consisted of thirty-three in number; and answers were received from nineteen, being a fraction more than one-half. In the majority of instances pamphlets were forwarded to the chairman, containing the rules and regulations of the college, together with the branches taught; while from others, letters were received simply stating that two full courses of lectures were demanded, that the candidate must be twenty-one years of age, of good moral character, &c. From this correspondence but little available information was derived. A circular was then dispatched to the different colleges propounding the following questions, answers to which were respectfully solicited. Nineteen of these circulars were filled up and returned.

State 1*st.* The number of students during the session of 1845–6.

2*d.* The number of graduates in 1845–6.

3*d.* The number of charity pupils in 1845–6.

4*th.* The number of professors attached to your school.

5*th.* The date at which lectures begin and end.

6*th.* The requirements for a degree.

7*th.* Is the inquiry made previous to examination, whether or not these requirements are fulfilled?

8*th.* Is any evidence of having attended a course of clinical instruction necessary to graduation?

8*th.* Is it required of candidates for graduation that they shall have devoted any time to dissection?

The responses to these several questions have been arranged in tabular form, from which the result of the whole correspondence may be ascertained at a glance, and which your committee beg leave to lay before this Convention, as a part of this report. We cannot avoid the expression of our regret, that so many of the colleges have failed to respond to our circular, not, we hope, from a listless indifference to the subject, or a determination not to abide by the recommendations of this body. Information was also requested from the proper authorities in regard to the requirements of surgeons in the army and navy of the United States; but no reply has been received from them. (See Note A.)

In summing up the information obtained from the nineteen colleges named in the table, in the order in which the questions were proposed, it will be found that the number of students belonging to

these institutions during the session of 1845–6, amounted to 2544, including 31 non-paying pupils; and that the number of graduates was 730;—the number of professors varies from *three* to *eight*. It may be proper to remark that the lowest number here named is attached to the University of Virginia, where the usual branches of medical education are taught, and where the term of study extends throughout the period of *nine* months. If we exclude this institution from our table, the minimum is *five* and the maximum is *eight*. The time employed in lecturing also varies; *thirteen* weeks being the shortest, and *eighteen* the longest period. *Sixteen* weeks, however, are devoted to the lectures, in a large majority of the schools. The requirements for the degree of M. D. appear to be very general;—the candidate must be twenty-one years of age;—his moral character good;—his examination satisfactory;—his thesis passable, and he must have attended two full courses of lectures, to be included within the period of three years' study. In some of the schools a practice of four years and an attendance on one course of lectures, is sufficient to entitle the individual to an examination. Branches are taught in some institutions which are omitted in others, and the manner in which these are distributed is by no means uniform. It appears without exception that the inquiry is made previous to examination whether or not all the requirements have been fulfilled, and in some cases unquestionable proof of the fact must be adduced. Evidence of having attended a course of clinical instruction is required in *twelve* of the colleges, while in *seven* it is not; and as to dissection, *five* render it obligatory, and the remaining *fourteen* are content to urge its recommendation.

Such, then, is the information which the committee, after diligent inquiry, is enabled to lay before this body. It would have been a matter of some importance to have received answers from all the schools, for in that case an account entirely accurate of the whole number of students in the United States would have been obtained. (See Note B.) It will be seen that the nineteen colleges which noticed our circular, report the aggregate number to be 2544; and if it be proper to assign the same ratio to the fourteen which did not, the whole number of students during the session of 1845–6, will be found to be 4418 and a fraction. We believe this to be a very fair statement, for several statistical tables published from time to time in the journals, have varied but little from this amount; and if we extend the same rule to the classes of graduates, we reach the conclusion that a fraction less than 1300 were added to the already existing number of physicians, in the spring of 1846.

The very large number of physicians in the United States, a num-

ber far larger in proportion to its population than in any other country perhaps of which we have a correct knowledge, has frequently been the subject of remark. To relieve the diseases of something more than twenty millions of people, we have an army of Doctors amounting by a recent computation to forty thousand, which allows one to about every five hundred inhabitants. And if we add to the 40,000 the long list of irregular practitioners who swarm like locusts in every part of the country, the proportion of patients will be still further reduced. No wonder, then, that the profession of medicine has measurably ceased to occupy the elevated position which once it did; no wonder that the merest pittance in the way of remuneration is scantily doled out even to the most industrious in our ranks,—and no wonder that the intention, at one time correct and honest, will occasionally succumb to the cravings of a hard necessity. The evil must be corrected. With a government like ours, to diminish the number of medical schools is not to be expected; and the corrective can alone be found in the adoption of such a standard of requirement, in the general estimate of which the recommendations of this committee will form but an item, as will place the diploma beyond the reach of those who seek to wear its honours without deserving them.

The shortness of the time allotted to the delivery of Lectures, we believe to be an evil of no small magnitude. It is next to an impossibility, that the strongest intellect can receive and well digest some half a dozen discourses or more a day, embracing subjects which have oftentimes little or no immediate connection with each other. The mind becomes wearied with the multiplicity of its occupations, and the thoughts of to-day are forgotten in the constantly recurring and harassing duties of the morrow. A proper allotment of time cannot be given to that deep reflection which the importance of the subject demands, and without which no solid advancement can be made. There are individuals, too, who do not always rest satisfied with professorial prelections, who approve in its fullest extent the adage, "nullius addictus jurare in verba magistri," and who seek in the recorded experience of others the widest extent of information. Nor can Teachers themselves, with every disposition to impart the fullest instruction, do justice to their several branches within the limited period of four months. For this reason, the examination which may, indeed, test the actual acquirement of the student, can never embrace an extensive field of knowledge. Under the present regulation this cannot be expected; for justice to the pupil must prevent an inquiry into subjects in which he has never been instructed.

In regard to the branches to be taught, it is not improbable that the

recommendation of the Committee may not meet the views of some of the members of this Convention. It may be thought that others should have been added, and that consequently the number of Professors should have been considerably augmented. This subject was freely canvassed by the Committee, and the opinion was general that in the commencement of our effort to reform the existing condition of things, too high a standard of requirement ought not to be immediately insisted on. The conclusions to which this Convention may come upon any subject, cannot be forced upon the schools contrary to their wishes. In the advice of this body there exists, however, a moral power which it would be unwise to disregard, a power which, while it seeks to elevate medical requirement, should not impose a single requisition which is not entirely practicable. Besides, it is to be recollected that the decrees of this Convention need not be final and unalterable. The National Medical Association, contemplated under the first two resolutions adopted at the meeting in May last, which it is to be hoped will convene from time to time in different parts of the country, can legitimately exercise the same influence which we now seek to do; and when in after time it may be deemed advisable to add new subjects of instruction, it will not hesitate to express its opinion. Under this view of the matter, your Committee advise that lectures be given on the following branches, in all the Colleges: viz., on the Theory and Practice of Medicine; the Principles and Practice of Surgery; General and Special Anatomy; Physiology and Pathology; Materia Medica; Therapeutics and Pharmacy; Midwifery, and Diseases of Women and Children; Chemistry and Medical Jurisprudence.

These subjects, it is true, are now taught in the majority of our schools. With a lengthened period for teaching, a double advantage will be gained; a wider extent of information may be imparted to the student, while his time will be occupied with fewer lectures during the day. As to the appropriation of the several branches, it is deemed inexpedient to make any suggestion, as the circumstances of each Institution may be such as will necessarily lead to a different arrangement in this particular.—It is believed, however, that a slight augmentation in the number of Professors will become necessary.

In regard to clinical instruction, your Committee would willingly have made it a requisition to the attainment of the diploma; but an insuperable difficulty seemed to exist. It is believed that few of the Colleges have Hospitals attached to them, and in very many instances where such Institutions exist in the Cities, the Professors do not receive the appointment of attending Physicians and Surgeons. Con-

sequently, the opportunity is lost to them of imparting such instruction as would be valuable to the student.

We cannot, however, close this portion of our report, without urging the very great importance of clinical instruction. Many a young man has entered upon the duties of his profession, sufficiently instructed, it may be, in its principles, who has most painfully felt the responsibility of his position. In default of a certain degree of practical knowledge, indecision must often fetter his efforts to the detriment of his patient, and that self-confidence, which can alone restore serenity to his mind, must be purchased by a long period of perplexing doubt. During the pupilage of the student, he should lose no opportunity of witnessing cases of disease wherever they are to be found. Instructors themselves, should esteem it their highest duty to introduce their pupils to the bedside of their patients in all cases where propriety will admit of it. The Hospitals, Penitentiaries, and Poor-houses, found in so many of our towns and cities, will furnish from time to time, cases of every description, while the pauper practice of the country will prove no indifferent means of imparting clinical information. Instruction gained from these sources in free and familiar conversation with the Preceptor, will perhaps be of more avail than any other; for the large number of Students who occasionally throng the Wards of the Hospital, render it impossible for each one to obtain a correct knowledge of the cases presented to him. We do not intend by this remark to convey the idea that information given in this way would be valueless. On the contrary, when properly conducted, it may be made productive of the greatest good. Let the Professor daily analyze the symptoms which arise in every case; have them carefully noted down in his ward-book, together with his prescriptions, and at its termination let him review the whole ground, aided by a post-mortem examination if it result unfavourably, and he will impart instruction which is truly valuable.

By reference to the table accompanying this report, it will be seen that only five of the colleges insist upon dissection as a requisite to graduation. Your committee accord in the opinion, that all should render it obligatory upon the student to devote some portion of his time to this needful pursuit. To enter into an argument to prove its absolute necessity not only to the surgeon but also to the physician, would be a work of supererogation. We therefore offer without further remark, the following resolutions for the adoption of this Convention :

Resolved, 1st. That it be recommended to all the colleges to extend the period employed in lecturing, from four, to six months.

2d. That no student shall become a candidate for the degree of

M. D., unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures.

3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges; and that the number of Professors be increased to seven.

6th. That it be required of candidates that they shall have *steadily* devoted three months to dissections.

7th. That it is incumbent upon Preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon Medical Colleges to require candidates for graduation to show that they have attended upon Hospital practice for one Session, whenever it can be accomplished, for the advancement of the same end.

8th. That it be suggested to the Faculties of the various Medical Institutions of the country to adopt some efficient means for ascertaining that their students are actually in attendance upon their lectures.

9th. That it is incumbent upon all schools and colleges granting Diplomas, fully to carry out the above requisitions.

10th. That it be considered the duty of Preceptors, to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

All which is most respectfully submitted.

May, 1847. RO. W. HAXALL, *Chairman.*

Note A.—After finishing this report, a communication was received from H. L. Heiskill, acting surgeon-general, in answer to the letter addressed to the surgeon-general late in May, 1846.

The absence of this officer from the seat of government prevented an earlier reply. Such portions of said communication as have reference to the subject-matter of this report, your committee have thought proper to embody in this note. Many of the duties required of army surgeons are of course not performed by practitioners in civil life.

"Under the regulations the medical officer is required to investigate the physical agents that may affect the health of the troops, to make reports upon the medical topography of his station, to aid in the selection of military positions, and as a question of military hygiène, to express his views in respect to the diet, clothing, watering and exercises of the troops. He is from the necessity of the case a

general practitioner in the most extended sense of the term, and from location he is often thrown entirely upon his own resources and deprived of the advantage of calling to his aid the friendly counsel of professional brethren."

"Nor have the army medical officers been regardless of the high claims of medicine in itself as one of the *liberal* professions. Themselves medical men, they feel a deep interest in the character of the profession, and rejoice in any measure that would tend to promote its honour and efficiency."

Next follows a table showing the number of applicants examined from the year 1841 to 1845, both inclusive, being a period of five years. It here appears that 51 were examined, while only 17 were approved.

"The most striking causes of failure on the part of the candidates are, *insufficient preparatory education; a hurried course of professional pupilage; want of proficiency in practical anatomy*, in *pathology*, and in *clinical medicine*."

"The candidates are examined on the branches usually taught in our medical schools, also on their literary and scientific attainments, embracing a grammatical knowledge of the English language, Latin, and natural philosophy (or physics), which are deemed important branches of education to those entering on the study of a *liberal* profession. Each candidate is required, as introductory to his examination, to prepare in writing a brief extemporaneous description of the causes, symptoms, pathology, treatment, &c., of such disease as may be assigned by the Board, together with one or more prescriptions proper in the case, written out in form for the apothecary."

A merit roll accompanies the communication, which shows the branches upon which the applicants are examined. These are as follows: "Literary and Scientific qualifications, Anatomy and Physiology, Principles and Practice of Surgery, Principles and Practice of Medicine, Obstetricy, Materia Medica, Chemistry and Medical Jurisprudence."

"In the several branches herein enumerated, the candidate is required to be well grounded. The examinations are conducted with the view of ascertaining the measure of his natural endowments, his general professional intelligence, as well as his exact knowledge, his practical ability and strength of judgment."

Note B.—The Chairman received the reply of the Indiana Medical College, located at Laporte, on the Thursday before leaving home;—too late to be inserted in the table which had then been completed. In 1845–6, it had 81 students, 18 graduates and 6 Professors.

TABLE.

Names of Medical Colleges.	Number of students in the Session of 1845–6.	Number of graduates at close of session of 1845–6.	Number of charity pupils in 1845–6.	Number of professors attached to the college.	Date at which the lectures begin and end.	The requirements for the degree of M. D.	Is inquiry made before examination if they are fulfilled?	Is clinical instruction necessary to graduation?	Is dissection required as indispensable to graduation?
Medical College of Georgia.	112	30	0	7	2d Monday in November. Last day of February	2 full courses of lectures. Usual private reading. Thesis. Good character	Yes	No	Yes
Medical School of Maine. Brunswick, Vermont.	70	19	0	5	Middle of Feb., and continue 13 weeks	3 years study. 2 courses of lectures. Good character	Yes, and enforced	No	No
Medical Department of the University of St. Louis.	53	11	0	7	1st Monday in Nov., end 1st day of March.	3 years study. 2 courses of lectures. 21 years old. Thesis	Yes	Yes	No
Dartmouth College, Hanover, N. H.	85	31	0	6	Aug. 3., Nov. 21, 16 weeks	2 courses of lectures. 3 full years study. Thesis	Written evidence to be placed on file	No	No
Willoughby Medical College.	164	32	0	8	1st Wednesday in Nov. Continue 16 weeks	3 years study. 2 courses of lectures. 21 years old. Thesis	Yes	No	No
Medical College of Ohio, Cincinnati.	195	46	3	6	1st Monday in Nov. Last day of February	21 years. 3 years study. 2 courses	Certificate required to prove it	No	No
University of Pennsylvania.	414	171	6	7	1st Monday in Nov. About middle of March	21 years. 3 years study. 2 courses of lectures. Thesis, &c.	Tickets are always examined	Yes	No
Franklin Medical College, Philadelphia.	35			7	2d Monday in October. Last day of February	3 years study. 2 courses. 21 years, &c.	Yes	Always	No
Medical Department of University of Missouri.	85	9	0	6	1st Nov. 1st March	2 years study & 2 courses, or 3 courses, or 1 course with 3 years practice	Yes	Yes	Yes

Medical Department of University of Louisville.	345	73	0	7	1st Monday in Nov. Last day of February	2 courses, 21 years; or 1 course and 4 years practice	Yes	Yes	Yes
Geneva Medical College, New York.	178	45	four state pupils	6	1st Monday in Oct. Last Tuesday in Jan.	21 years. 2 courses. Thesis	Written evidence, or sworn to	No	No
Massachusetts Medical College.	159	47	0	6	1st Wednesday in Nov. 1st Wednesday in March	21 years. 2 courses. 3 years	Yes	Yes	No
Albany Medical College, New York.	113	46	four by law	8	1st Tuesday in Oct. 16 weeks	21 years. 3 years study. 2 courses. Thesis	Certificates are required	No	No
Western Reserve College, Cleveland, Ohio.	160	53	0	7	1st Monday in Nov. 16 weeks	3 years study. Thesis. 2 courses; or 4 years practice and 1 course	Yes	No	No
University of Virginia.	55	13		3	Continue 9 months				
Medical Institution of Yale College, New Haven.	53	19	8	6	Information is imperfect	Bachelors of arts 2 y'rs study; all others 3 y'rs study. 2 courses. 21 years, &c.	Certificates are required	No	No
College of Physicians and Surgeons, New York City.	218	48	4	6	1st of November. Last day of February	21 years. 3 years study. 2 courses. First examination before faculty, second before trustees, third before public on Thesis	Certificates are required	No	No
Med. Department of Hampden, Sydney College, Richmond, Va.	74	18	0	6	1st of November. 1st of March	2 courses of lectures. 21 years. Thesis, &c.	Yes	No	Yes, one course
Washington University of Baltimore.	45	19	2	7	1st of November. 1st of March	2 courses of lectures. Thesis, &c.	Yes	No	Yes
Total	2513	730 Graduates	31 non-paying students (charity)						
Non-paying students, or charity students . . .	31								
	2544								

C.

The Committee on Preliminary Education, appointed under the 5th Resolution adopted by the National Medical Convention of May, 1846, *have the honour to submit the following*

REPORT.

The duty entrusted to the Committee was "To report on the standard of acquirements which should be exacted of young men, before being received as students of medicine."

Before attempting to perform this duty, the Committee thought it desirable to ascertain, by inquiries addressed to the medical schools and distinguished practitioners of medicine throughout the Union, the sentiments and practice of the profession on this interesting subject. They, accordingly, prepared a circular, the object of which was to ascertain the views of the various Medical Schools in regard to the standard of preliminary education which it is proposed to exact of young men about to commence the study of medicine; and also to invite any suggestions they might think proper to make. Copies of this circular were sent to the (then) thirty-six Medical Schools of the United States, and official replies have been received from six of this number; namely, the Medical Department of the University of Pennsylvania, the College of Physicians and Surgeons in the City of New York, the Medical Institution of Yale College, Ohio Medical College, Albany Medical College, and the Medical Faculty of Dartmouth College. These institutions are desirous of having a standard established, and the Committee do not doubt that they, as well as others, will cheerfully co-operate with the Convention and the profession in this desirable reform.

Another circular was addressed to distinguished medical practitioners residing in all the States and Territories of the Union, soliciting replies to the following four questions.

1. Is it the custom of your State or neighbourhood to require of young men, who desire to study medicine, any particular amount of preliminary education?

2. If so, what are the details of your standard?

3. By what authority, whether of a State Medical Society, local Association, or common consent, is this standard established?

4. What may be considered the general sentiment of the profession in your vicinity, in regard to the establishment of such a standard as is contemplated in the 5th resolution of the National Medical Convention of May, 1846?

The Committee have been favoured with very full and explicit answers to this circular from thirty-nine gentlemen, representing twenty-one States of the Union. The replies which have been received to the first three questions, establish the fact, not only that there is no uniform standard of preparatory education exacted of medical students throughout the United States, but that there is no general rule adopted in any particular state or district, which has been authorized or recommended by Medical Societies or other official bodies, or established by common consent and custom. The whole subject is left to private preceptors, many of whom recommend, and a few exact, an elevated standard, while others leave it to the discretion of the students themselves, or their parents. But all the letters of the practitioners indicate, without an exception, the cheering fact, that the profession is alive to the want of a standard, is desirous that one should be established by the Convention, and is willing to sustain it.

The fourth question was designed to elicit the general sentiment of the profession in regard to the nature and extent of the preliminary education which should be required of medical students. On this subject, the correspondence shows a considerable diversity of opinion; and the standard of different writers varies from a "common school" education up to the highest collegiate attainments. Some advocate a different scale in different sections of the country, while a majority is in favour of having the standard uniform throughout the Union. And, notwithstanding the individual differences of ideas, there is a sufficient general concurrence in the views of the writers to enable the Committee to recommend a scale which is chiefly based upon their united suggestions.

Your Committee are aware of the difficulties the Convention would discover in fixing the standard of preliminary education for medical students as high as would be desirable. Entirely destitute of the means of legal compulsion, and depending for success, as the Convention must, solely upon the force of professional and public opinion, nothing could be hoped from a standard above the circumstances of the country and the times. The existing evil can be reached only by the concurrent action of private medical preceptors, and the medical schools of the country. The chief responsibility

rests with the preceptors; and to them the Convention should make its strongest appeal; but at the same time they should be encouraged and sustained by the co-operation of the schools, without which, indeed, the efforts of preceptors could be but partially successful.

The object to which the Committee has directed its labours, it is believed, can be best effected by the Convention in the following way:—

1*st.* By establishing a uniform standard of preliminary education for medical students, which shall be of a moderate character—in the first instance, too low, rather than too high—and yet of such extent as will insure both the knowledge and the mental discipline necessary to those who would enter a profession full of labour and responsibility, without excluding meritorious young men of limited means and opportunities.

2*d.* By earnestly recommending every medical preceptor to exact this standard of every young man, before admitting him into his office; and having exacted it, to grant him a written certificate to that effect, specifying also the period of his admission into the preceptor's office, as a proper warrant and credential for the student, when about entering a medical college.

3*d.* By requesting all the medical colleges of the country to require such a certificate of every student applying for matriculation; and, in publishing their annual list of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education.

These ideas the Committee have put into the form of distinct resolutions, which they append to their report, submitting both for the consideration of the Convention, and, if it think proper, its adoption.

1*st.* *Resolved,* That this Convention earnestly recommends to members of the medical profession throughout the United States, to satisfy themselves, either by personal inquiry or written certificate of competent persons, before receiving young men into their offices as students, that they are of good moral character, and that they have acquired a good English education, a Knowledge of Natural Philosophy and the Elementary Mathematical Sciences, including Geometry and Algebra; and such an acquaintance, at least, with the Latin and Greek languages, as will enable them to appreciate the technical language of medicine, and read and write prescriptions.

2*d.* *Resolved,* That this Convention also recommends to the members of the Medical profession of the United States, when they have satisfied themselves that a young man possesses the qualifications

specified in the preceding resolution, to give him a written certificate, stating that fact, and recording also the date of his admission as a medical student, to be carried with him as a warrant for his reception into the medical college in which he may intend to pursue his studies.

3*d*. *Resolved*, That all the medical colleges in the United States be, and they are hereby recommended and requested to require such a certificate of every student of medicine applying for matriculation; and when publishing their annual lists of graduates, to accompany the name of the graduate with the name and residence of his preceptor, the name of the latter being clearly and distinctly presented as certifying to the qualification of preliminary education.

Signed by JAMES COUPER,
L. P. BUSH,
JAMES W. THOMSON,
ALDEN MARCH,
WASHINGTON L. ATLEE,
D. T. BRAINARD,
} *Committee.*

D & E.

Report of the Committee appointed under the 6th Resolution, adopted by the National Medical Convention which assembled in New York, in May, 1846.

6th. Resolved,—That it is expedient that the Medical Profession in the United States should be governed by the same code of Medical Ethics, and that a committee of seven be appointed to report a code for that purpose, at a meeting to be held at Philadelphia, on the first Wednesday of May, 1847.

Committee.—Drs. J. Bell, I. Hays, and G. Emerson, Philadelphia; W. W. Morris, Dover, Del.; T. C. Dunn, Newport, R. I.; A. Clark, N. Y.; and R. D. Arnold, Savannah, Ga.

D.

Introduction to the Code of Medical Ethics.

Medical ethics, as a branch of general ethics, must rest on the basis of religion and morality. They comprise not only the duties, but, also, the rights of a physician: and, in this sense, they are identical with Medical Deontology—a term introduced by a late writer, who has taken the most comprehensive view of the subject.

In framing a code on this basis, we have the inestimable advantage of deducing its rules from the conduct of the many eminent physicians who have adorned the profession by their learning and their piety. From the age of Hippocrates to the present time, the annals of every civilized people contain abundant evidences of the devotedness of medical men to the relief of their fellow-creatures from pain and disease, regardless of the privation and danger, and not seldom obloquy, encountered in return; a sense of ethical obligations rising superior, in their minds, to considerations of personal advancement. Well and truly was it said by one of the most learned men of the last century: that the duties of a physician were never more beautifully exemplified than in the conduct of Hippocrates, nor more eloquently described than in his writings.

We may here remark, that, if a state of probation be intended for moral discipline, there is, assuredly, much in the daily life of a physician to impart this salutary training, and to insure continuance in a course of self-denial, and, at the same time, of zealous and methodical efforts for the relief of the suffering and unfortunate, irrespective of rank or fortune, or of fortuitous elevation of any kind.

A few considerations on the legitimate range of medical ethics will serve as an appropriate introduction to the requisite rules for our guidance in the complex relations of professional life.

Every duty or obligation implies, both in equity and for its successful discharge, a corresponding right. As it is the duty of a physician to advise, so has he a right to be attentively and respectfully listened to. Being required to expose his health and life for the benefit of the community, he has a just claim, in return, on all its members, collectively and individually, for aid to carry out his measures, and for all possible tenderness and regard to prevent needlessly harassing calls on his services and unnecessary exhaustion of his benevolent sympathies.

His zeal, talents, attainments and skill are qualities which he holds in trust for the general good, and which cannot be prodigally spent, either through his own negligence or the inconsiderateness of others, without wrong and detriment both to himself and to them.

The greater the importance of the subject and the more deeply interested all are in the issue, the more necessary is it that the physician—he who performs the chief part, and in whose judgment and discretion under Providence, life is secured and death turned aside —should be allowed the free use of his faculties, undisturbed by a querulous manner, and desponding, angry, or passionate interjections, under the plea of fear, or grief, or disappointment of cherished hopes, by the sick and their friends.

All persons privileged to enter the sick room, and the number ought to be very limited, are under equal obligations of reciprocal courtesy, kindness and respect; and, if any exception be admissible, it cannot be at the expense of the physician. His position, purposes and proper efforts eminently entitle him to, at least, the same respectful and considerate attentions that are paid, as a matter of course and apparently without constraint, to the clergyman, who is admitted to administer spiritual consolation, and to the lawyer, who comes to make the last will and testament.

Although professional duty requires of a physician, that he should have such a control over himself as not to betray strong emotion in

the presence of his patient, nor to be thrown off his guard by the querulousness or even rudeness of the latter, or of his friends at the bedside, yet, and the fact ought to be generally known, many medical men, possessed of abundant attainments and resources, are so constitutionally timid and readily abashed as to lose much of their self possession and usefulness at the critical moment, if opposition be abruptly interposed to any part of the plan which they are about devising for the benefit of their patients.

Medical ethics cannot be so divided as that one part shall obtain the full and proper force of moral obligations on physicians universally, and, at the same time, the other be construed in such a way as to free society from all restrictions in its conduct to them; leaving it to the caprice of the hour to determine whether the truly learned shall be overlooked in favour of ignorant pretenders—persons destitute alike of original talent and acquired fitness.

The choice is not indifferent, in an ethical point of view, besides its important bearing on the fate of the sick themselves, between the directness and sincerity of purpose, the honest zeal, the learning and impartial observations, accumulated from age to age for thousands of years, of the regularly initiated members of the medical profession, and the crooked devices and low arts, for evidently selfish ends, the unsupported promises and reckless trials of interloping empirics, whose very announcements of the means by which they profess to perform their wonders are, for the most part, misleading and false, and, so far, fraudulent.

In thus deducing the rights a of physician from his duties, it is not meant to insist on such a correlative obligation, that the withholding of the right exonerates from the discharge of the duty. Short of the formal abandonment of the practice of his profession, no medical man can withold his services from the requisition either of an individual or of the community, unless under circumstances, of rare occurrence, in which his compliance would be not only unjust but degrading to himself, or to a professional brother, and so far diminish his future usefulness.

In the discharge of their duties to Society, physicians must be ever ready and prompt to administer professional aid to all applicants, without prior stipulation of personal advantages to themselves.

On them devolves, in a peculiar manner, the task of noting all the circumstances affecting the public health, and of displaying skill and ingenuity in devising the best means for its protection.

With them rests, also, the solemn duty of furnishing accurate medi-

cal testimony in all cases of criminal accusation of violence, by which health is endangered and life destroyed, and in those other numerous ones involving the question of mental sanity and of moral and legal responsibility.

On these subjects—Public Hygiene and Medical Jurisprudence—every medical man must be supposed to have prepared himself by study, observation, and the exercise of a sound judgment. They cannot be regarded in the light of accomplishments merely: they are an integral part of the science and practice of medicine.

It is a delicate and noble task, by the judicious application of Public Hygiene, to prevent disease and to prolong life; and thus to increase the productive industry, and, without assuming the office of moral and religious teaching, to add to the civilization of an entire people.

In the performance of this part of their duty, physicians are enabled to exhibit the close connection between hygiene and morals; since all the causes contributing to the former are nearly equally auxiliary to the latter.

Physicians, as conservators of the public health, are bound to bear emphatic testimony against quackery in all its forms; whether it appears with its usual effrontery, or masks itself under the garb of philanthropy and sometimes of religion itself.

By an anomaly in legislation and penal enactments, the laws, so stringent for the repression and punishment of fraud in general, and against attempts to sell poisonous substances for food, are silent, and of course inoperative, in the cases of both fraud and poisoning so extensively carried on by the host of quacks who infest the land.

The newspaper press, powerful in the correction of many abuses, is too ready for the sake of lucre to aid and abet the enormities of quackery. Honourable exceptions to the once general practice in this respect are becoming, happily, more numerous, and they might be more rapidly increased, if physicians, when themselves free from all taint, were to direct the intention of the editors and proprietors of newspapers, and of periodical works in general, to the moral bearings of the subject.

To those who, like physicians, can best see the extent of the evil, it is still more mortifying than in the instances already mentioned, to find members of other professions, and especially ministers of the Gospel, so prone to give their countenance, and, at times, direct patronage, to medical empirics, both by their use of nostrums, and by their certificates in favour of the absurd pretensions of these impostors.

The credulous, on these occasions, place themselves in the dilemma of bearing testimony either to a miracle or to an imposture: to a miracle, if one particular agent, and it often of known inertness or slight power, can cure all diseases, or even any one disease in all its stages; to an imposture, if the alleged cures are not made, as experience shows that they are not.

But by no class are quack medicines and nostrums so largely sold and distributed as by apothecaries, whose position towards physicians, although it may not amount to actual affinity, is such that it ought, at least, to prevent them from entering into an actual, if not formally recognized, alliance with empirics of every grade and degree of pretention.

Too frequently we meet with physicians who deem it a venial error, in ethics, to permit, and even to recommend, the use of a quack medicine or secret compound by their patients and friends. They forget that their toleration implies sanction of a recourse by the people generally to unknown, doubtful and conjectural fashions of medication; and that the credulous in this way soon become the victims of an endless succession of empirics. It must have been generally noticed, also, that they, whose faith is strongest in the most absurd pretensions of quackery, entertain the greatest skepticism towards regular and philosophic medicine.

Adverse alike to ethical propriety and to medical logic, are the various popular delusions which, like so many epidemics, have, in successive ages, excited the imagination with extravagant expectations of the cure of all diseases and the prolongation of life beyond its customary limits, by means of a single substance. Although it is not in the power of physicians to prevent, or always to arrest, these delusions in their progress, yet it is incumbent on them, from their superior knowledge and better opportunities, as well as from their elevated vocation, steadily to refuse to extend to them the slightest countenance, still less support.

These delusions are sometimes manifested in the guise of a new and infallible system of medical practice,—the faith in which, among the excited believers, is usually in the inverse ratio of the amount of common sense evidence in its favour. Among the volunteer missionaries for its dissemination, it is painful to see members of the sacred profession, who, above all others, ought to keep aloof from vagaries of any description, and especially of those medical ones which are allied to empirical imposture.

The plea of good intention is not an adequate reason for the as-

sumption of so grave a responsibility as the propagation of a theory and practice of medicine, of the real foundation and nature of which the mere medical amateur must necessarily, from his want of opportunities for study, observation, and careful comparison, be profoundly ignorant.

In their relations with the sick, physicians are bound, by every consideration of duty, to exercise the greatest kindness with the greatest circumspection; so that, whilst they make every allowance for impatience, irritation, and inconsistencies of manner and speech of the sufferers, and do their utmost to sooth and tranquilize, they shall, at the same time, elicit from them, and the persons in their confidence, a revelation of all the circumstances connected with the probable origin of the diseases which they are called upon to treat.

Owing either to the confusion and, at times, obliquity of mind produced by the disease, or to considerations of false delicacy and shame, the truth is not always directly reached on these occasions; and hence the necessity, on the part of the physician, of a careful and minute investigation into both the physical and moral state of his patient.

A physician in attendance on a case should avoid expensive complications and tedious ceremonials, as being beneath the dignity of true science and embarrassing to the patient and his family, whose troubles are already great.

In their intercourse with each other, physicians will best consult and secure their own self-respect and consideration from society in general, by a uniform courtesy and high-minded conduct towards their professional brethren. The confidence in his intellectual and moral worth, which each member of the profession is ambitious of obtaining for himself among his associates, ought to make him willing to place the same confidence in the worth of others.

Veracity, so requisite in all the relations of life, is a jewel of inestimable value in medical description and narrative, the lustre of which ought never to be tainted for a moment, by even the breath of suspicion. Physicians are peculiarly enjoined, by every consideration of honour and of conscientious regard for the health and lives of their fellow beings, not to advance any statement unsupported by positive facts, nor to hazard an opinion or hypothesis that is not the result of deliberate inquiry into all the data and bearings of which the subject is capable.

Hasty generalization, paradox and fanciful conjectures, repudiated at all times by sound logic, are open to the severest reprehension on

the still higher grounds of humanity and morals. Their tendency and practical operation cannot fail to be eminently mischievous.

Among medical men associated together for the performance of professional duties in public institutions, such as Medical Colleges, Hospitals and Dispensaries, there ought to exist, not only harmonious intercourse, but also a general harmony in doctrine and practice; so that neither students nor patients shall be perplexed, nor the medical community mortified by contradictory views of the theory of disease, if not of the means of curing it.

The right of free inquiry, common to all, does not imply the utterance of crude hypotheses, the use of figurative language, a straining after novelty for novelty's sake, and the involution of old truths, for temporary effect and popularity, by medical writers and teachers. If, therefore, they who are engaged in a common cause, and for the furtherance of a common object, could make an offering of the extreme, the doubtful, and the redundant, at the shrine of philosophical truth, the general harmony in medical teaching, now desired, would be of easy attainment.

It is not enough, however, that the members of the medical profession be zealous, well informed and self-denying, unless the social principle be cultivated by their seeking frequent intercourse with each other, and cultivating, reciprocally, friendly habits of acting in common.

By union alone can medical men hope to sustain the dignity and extend the usefulness of their profession. Among the chief means to bring about this desirable end, are frequent social meetings and regularly organized Societies; a part of whose beneficial operation would be an agreement on a suitable standard of medical education, and a code of medical ethics.

Greatly increased influence, for the entire body of the profession, will be acquired by a union for the purposes of common benefit and the general good; while to its members, individually, will be insured a more pleasant and harmonious intercourse, one with another, and an avoidance of many heartburnings and jealousies, which originate in misconception, through misrepresentation on the part of individuals in general society, of each other's disposition, motives, and conduct.

In vain will physicians appeal to the intelligence and elevated feelings of the members of other professions, and of the better part of society in general, unless they be true to themselves, by a close adherence to their duties, and by firmly yet mildly insisting on their rights;

and this not with a glimmering perception and faint avowal, but, rather with a full understanding and firm conviction.

Impressed with the nobleness of their vocation, as trustees of science and almoners of benevolence and charity, physicians should use unceasing vigilance to prevent the introduction into their body of those who have not been prepared by a suitably preparatory moral and intellectual training.

No youth ought to be allowed to study medicine, whose capacity, good conduct, and elementary knowledge are not equal, at least, to the common standard of academical requirements.

Human life and human happiness must not be endangered by the incompetency of presumptuous pretenders. The greater the inherent difficulties of medicine, as a science, and the more numerous the complications that embarrass in its practice, the more necessary is it that there should be minds of a high order and thorough cultivation, to unravel its mysteries and to deduce scientific order from apparently empirical confusion.

We are under the strongest ethical obligations to preserve the character which has been awarded, by the most learned men and best judges of human nature, to the members of the medical profession, for general and extensive knowledge, great liberality and dignity of sentiment, and prompt effusions of beneficence.

In order that we may continue to merit these praises, every physician, within the circle of his acquaintance, should impress both fathers and sons with the range and variety of medical study, and with the necessity of those who desire to engage in it, possessing, not only good preliminary knowledge, but, likewise, some habits of regular and systematic thinking.

If able teachers and writers, and profound inquirers, be still called for to expound medical science, and to extend its domain of practical application and usefulness, they cannot be procured by intuitive effort on their own part, nor by the exercise of the elective suffrage on the part of others. They must be the product of a regular and comprehensive system,—members of a large class, from the great body of which they only differ by the force of fortuitous circumstances, that gives them temporary vantage ground for the display of qualities and attainments common to their brethren.

JOHN BELL, M. D.

E.

CODE OF MEDICAL ETHICS.

CHAPTER I.—Of the duties of physicians to their patients, and of the obligations of patients to their physicians.

ART. I.—Of the duties of physicians to their patients.

ART. II.—Of the obligations of patients to their physicians.

CHAPTER II.—Of the duties of physicians to each other, and to the profession at large.

ART. I.—Of the duties of physicians for the support of professional character.

ART. II.—Of the duties of physicians in regard to professional services to each other.

ART. III.—Of the duties of physicians in regard to vicarious offices.

ART. IV.—Of the duties of physicians in consultations.

ART. V.—Of the duties of physicians in cases of interference with one another.

ART. VI.—Of the duties of physicians when differences occur between them.

ART. VII.—Of the duties of physicians in regard to pecuniary acknowledgments.

CHAPTER III.—Of the duties of the profession to the public, and of the obligations of the public to the profession.

ART. I.—Of the duties of the profession to the public.

ART. II.—Of the obligations of the public to physicians.

The Committee appointed under the sixth resolution adopted by the Convention which assembled in New York, in May last, to prepare a Code of Medical Ethics for the government of the medical profession of the United States, respectfully submit the following Code.

JOHN BELL,
ISAAC HAYS,
G. EMERSON,
W. W. MORRIS,
T. C. DUNN,
A. CLARK,
R. D. ARNOLD,
} *Committee.*

Philadelphia, June 5th, 1847.

Note.—Dr. Hays, on presenting this report, stated that justice required some explanatory remarks should accompany it. The members of the Convention, he observed, would not fail to recognize in parts of it, expressions with which they were familiar. On examining a great number of codes of ethics adopted by different societies in the United States, it was found that they were all based on that by Dr. Percival, and that the phrases of this writer were preserved, to a considerable extent, in all of them. Believing that language which had been so often examined and adopted, must possess the greatest of merits for such a document as the present, clearness and precision, and having no ambition for the honours of authorship, the Committee which prepared this code have followed a similar course, and have carefully preserved the words of Percival wherever they convey the precepts it is wished to inculcate. A few of the sections are in the words of the late Dr. Rush, and one or two sentences are from other writers. But in all cases, wherever it was thought that the language could be made more explicit by changing a word, or even a part of a sentence, this has been unhesitatingly done; and thus there are but few sections which have not undergone some modification; while, for the language of many, and for the arrangement of the whole, the Committee must be held exclusively responsible.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

Art. I.—*Duties of Physicians to their Patients.*

§ 1. A Physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savour of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients,

suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of Patients to their Physicians.*

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world oug not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by min-

istering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that

physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honour, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honourable means of enriching the science, he should entertain a due respect for his seniors, who have,

by their labours, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

Art. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any

one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

Art. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

Art. IV.—*Of the duties of physicians in regard to Consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be

the only acknowledged right of an individual to the exercise and honours of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalship or jealousy should be indulged; candour, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such farther inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive ; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left

in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favour of families and individuals.

Art. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candour, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighbouring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical.*

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of Pecuniary Acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honour to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

Art. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens: they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiène, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical police of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labours for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labour and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recog-

nized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

Art. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumptions of ignorance and empiricism,—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

F.

The Committee to whom was referred the following resolution,

Resolved, That the union of the business of teaching and licensing in the same hands is wrong in principle, and liable to great abuse in practice. Instead of conferring the right to license on medical colleges, and state and county medical societies, it should be restricted to one board in each state, composed in fair proportion of representatives from its medical colleges and the profession at large, and the pay for whose examiners should in no degree depend on the number licensed by them—Respectfully

REPORT.

That they have carefully considered the resolution referred to them, and submit the result of their deliberation to the consideration of this Convention.

The resolution embraces two distinct subjects, each of which requires separate examination and discussion. *First,* it is stated that the union of the business of teaching and licensing is wrong in principle, and liable to great abuse in practice. There can be no question that the union of the business of teaching and licensing, is liable to great abuse in practice, like the performance of all other important duties which devolve upon so fallible a being as man; but it is not quite so clear, nor does it admit so readily of demonstration, that such union is wrong in principle. On the contrary, it would, at first sight, seem most natural to conclude, that those appointed to give instruction in the several branches, which constitute a suitable medical education, would be the best qualified to judge what proficiency the candidate for license had made, and whether he was qualified to practice or not. In this Convention it is believed that there will exist no difference of opinion, in relation to the abstract question, of the fitness of the teachers to judge of the qualifications of candidates for licenses or degrees. It will probably be admitted, that, taking teachers as a body,

they are at least as well qualified to conduct the examinations, and to judge of the fitness or unfitness of candidates to be invested with the privileges of the profession, as any other class of practitioners. If this be conceded, it must also be conceded, that it is not wrong in principle, or morally wrong, to unite teaching and licensing in the same hands. Then if it be not wrong in principle, is it inexpedient to unite the two powers, because their union is liable to great abuse in practice? What are the abuses complained of, which in the estimation of so many respectable members of the profession, call for a separation, to effect which, such sweeping changes are proposed to be made in the organization of our Medical Societies and Medical Colleges?

The abuse most loudly complained of, is, that in consequence of the great multiplication of medical schools in the United States, there exists such a competition for students, such a desire to have a long catalogue of names, and a goodly list of graduates, that almost every person who has gone through the prescribed course is allowed to pass, and that thus the people are imposed upon, and the character of the Profession degraded. It cannot be denied, that there is but too much truth in this charge, and too much ground for complaint. In perhaps every Medical School in the Union, the requirements for degrees are too low, and the honor, if such it may be called, is too unsparingly bestowed. But is it the fault of the colleges altogether that the requirements are so low? Has the profession thus far united in calling for higher attainments? The great complaint is that *some colleges* do not enforce rigidly and honestly the existing legal requirements, low as they are. There is reason to believe, that some of the oldest and most flourishing schools are as open to this charge as the obscure and comparatively unimportant ones. Hence much of the strong feeling now existing against all colleges in the profession. But while some Institutions enforce all the existing legal requirements in good faith, is it just to involve them in the same indiscriminate condemnation with those which abuse their privileges? The best remedy for the evil, the Committee are inclined to think, is, to establish a more uniform and a more elevated standard of requirements in the several colleges for the doctorate, and to introduce into the board of examiners in such colleges, as do not already possess such a check, a sufficient number of gentlemen of the profession, not engaged in teaching, to insure that the requirements will be honestly enforced in every case.

For the present, at all events, it is deemed more prudent to reform the boards we have, than try the experiment of creating new ones—a reform is required, but not a revolution.

Another complaint is, that the pupils of teachers meet with more favour than others, and are allowed to pass, even when unqualified. There may be such cases; but this is a minor evil. It would be difficult to find a board of examiners, where favouritism would not, now and then, find access. Another ground of objection, rather insinuated than openly advanced, is, that the examiners may be influenced by the fees received for the degree or license, to pass persons they would otherwise reject. Most of the members of this committee have long been members of boards of examiners, and not feeling conscious of having, on any occasion, been influenced by such groveling considerations themselves, are, therefore, unwilling to believe, without the most positive proof, that such a charge, against professors, or censors, is well founded, or entitled to any consideration from this convention. If it be true, that the above-mentioned are the principal objections to the mode at present in use, to obtain licenses and degrees in medicine, (and they are almost the only ones the Committee have heard suggested,) it would seem to be a matter of no great difficulty to correct any abuses that may exist, without having recourse to a new and untried tribunal, such as is proposed in the resolution referred to the Committee.

In favour of leaving the colleges in undisturbed possession of the privileges now possessed by them, several arguments, entitled to consideration, may be adduced. 1st. Several of the institutions possess the privilege of conferring degrees, having the validity of a license to practice the different branches of medicine, as a vested right, of which even the legislature cannot deprive them. Without their consent, therefore, no uniform rule applicable to all the States can be adopted, and uniformity is essential to the successful working of the reform contemplated.

2d. Under the present organization each school has it in its power to elevate or degrade the value of its diploma; and to make the possession of it an honour, or otherwise, according to the character of the school from which it emanates. The faculty of each college is interested in maintaining the reputation of the institution with which it is connected.

3d. The character of the graduates of an institution will, in a great measure, depend on the character, as men, and as teachers, of the Professors. When the Professors are men of elevated sentiments, the students insensibly imbibe the same high tone of feeling. The young graduate is proud of seeing the names of men whom he honours and perhaps venerates attached to his diploma; while teachers cannot fail to be gratified in attesting to the qualifications

of diligent and well-deserving pupils. It may well admit of doubt whether it would be advantageous to break up this sympathy between students and their instructors.

4th. The teachers have the best opportunities of knowing the characters and capacities of candidates, from witnessing their general deportment in the class rooms, and at the several examinations to which, in most institutions, they are subjected, during the lecture terms. The necessity of good behaviour, and regular attendance, for obtaining a degree, contributes greatly to secure that discipline and decorum in the class rooms so essential to the advancement of the pupil, and the success of the teacher. If the Professors were to be excluded from the board of examiners, or not to have a preponderating control, their influence over their classes would be greatly impaired. Every one knows that the conduct of a medical class depends almost entirely on that of the advanced students, and that among such of those as are not influenced by higher and more honourable considerations, the fear of the examinations operates as a powerful check on unruly behaviour.

The Committee leave it to the Convention to decide, whether the arguments in favour of the present mode of granting diplomas in the colleges, are sufficient to counterbalance the abuses said to be connected with it.

The second division of the resolution proposes that "instead of conferring the right of license on medical colleges, and state and county medical societies, it should be restricted to one board in each State, composed in fair proportion of representatives from its medical colleges, and the profession at large, and the pay for whose examiners should in no degree depend on the number licensed by them."

Before entering upon any discussion of the merits of the suggestions contained in this part of the resolution, the Committee would bring to the recollection of the Convention, that at the present time there is scarcely a State in the Union, in which any license to practice medicine is required, and that consequently, if the degree of M. D. or the license of a Medical Society possess any value, the value is derived from the character of the source from which it emanates, rather than from any privilege it brings with it to the recipient. So far as the public is concerned, a simple certificate, signed by any association united for the purpose of teaching, if composed of men of eminence, would possess as much value and validity as a degree conferred by an incorporated college. The wish of the profession seems to be to establish some uniform standard throughout the United States, so that the title of Licentiate in Medicine, or Doctor of

Medicine, shall imply on the part of the possessor or recipient of such titles, the possession of some definite amount of knowledge and acquirement, both in his own profession and in general science. For the want of some such standard these medical titles are in some States respected, in others justly despised.

It is the opinion of this Committee, after a full consideration of the subject in all its bearings, that it is not at present expedient to recommend that the granting of licenses and degrees should be restricted to one board in each State. Where there already exist State and County Medical Societies, it is believed that it will be better and safer to improve the present organization and working of these, than to attempt a new organization.

The Committee cannot conceive of any plan by which a more full and a more fair expression of the views of the profession can be obtained, than by the organization of County Societies and State Societies, to be composed of delegates representing said counties. There can scarcely exist a doubt that, if proper exertions were made by the united profession, a law might be enacted in every State of the Union for the incorporation of such societies, and requiring that a license should be obtained by every person before he could be recognized as a regular practitioner of medicine. But even if an act of incorporation could not be procured, voluntary associations upon the same general plan, would accomplish substantially the same purposes. They could determine the conditions on which persons would be admitted into the respective associations, which would soon have the force with the profession of a legal enactment. Without some such laws or associations among the respectable members of the profession, empiricism must prevail, as it does now, to a fearful extent.

As the wants of all classes of the community ought to be provided for, the Committee are of opinion that the requirements for license should not be so high as to place it beyond the reach of persons in moderate circumstances; whilst those for the degree of Doctor in Medicine should be such as the possession of so high an academic honour was designed to imply.

It may be said that the lives of the poor and humble are as valuable as those of the rich, and that, therefore, they ought to have as good physicians and surgeons. That may be all true; but we must take the world as we find it. In every country the great mass of the population are attended by medical men of inferior acquirements. The skill of a practitioner, however, does not depend so much on general accomplishments as on his strictly medical education; and it often happens that the comparatively illiterate general practitioner,

is a better and safer medical adviser than the graduated and finished scholar.

If the requirements for license be placed too high, in the existing state of society in this country, the license will be altogether dispensed with, and persons will engage in practice without it. The question is not, between the present plan of medical education and the best that can be suggested; but between that which is now common, and the best that is practicable, and can at the present time be enforced.

From the general tenor of those remarks the Convention will gather that the Committee are not in favour of making any radical changes in the existing modes of obtaining licenses and degrees. They are of opinion that the Convention will be more usefully employed in recommending such measures as will correct the abuses that are known to exist, and in advising such alterations in the course and duration of study to be pursued in future by students, as will tend to elevate the medical profession and to render it more useful and more respectable. It is deemed inexpedient, at the present session, to introduce any subject, likely to mar the harmony of the Convention, or to lessen the influence of its deliberations.

In accordance with these views the Committee offer the following resolutions.

Resolved, That inasmuch as an opinion prevails to a considerable extent in the profession, that certain abuses have crept into some of the medical colleges, namely, that they confer degrees upon persons who have not fully complied with their own requirements, or on those who do not possess the requisite amount of knowledge to entitle them to such distinction, it is deemed expedient, by this Convention, in order to satisfy the just wishes of the profession, and to remove just grounds of complaint, that such colleges as do not already possess mixed boards of examiners, should consent to have associated with them in the examination for degrees, some members of the profession not engaged in teaching, or otherwise interested in such institutions.

Resolved, That the number of boards for granting licenses in the several States should be as limited as would comport with the convenience of examiners and candidates in each State.

Resolved, That it would conduce to the elevation and usefulness of the profession, that the regular and respectable members of it should form themselves into county or district societies, and that those societies should be represented in a State Medical Society, in such ratio to the whole number of each society as may be agreed upon as most proper—that each State Society should appoint such a number of

boards for examining and licensing candidates as may be thought advisable, according to the size and population of the State.

Resolved, That when a college or colleges of medicine exist in a State, it be recommended to such colleges to invite a delegation from the State Society to be present at the time of the examinations for the admission of candidates for degrees, not for the purpose of embarrassing the faculty or candidates, but to satisfy the wishes of some portions of the profession, and relieve the institutions themselves from the imputations to which some of them seem to be at the present time exposed.

JAS. M'NAUGHTON, *Chairman.*
THOMAS COCK.

G.

The undersigned, members of the committee to whom was referred the following resolution,

Resolved, That the union of the business of teaching and licensing in the same hands is wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on Medical Colleges and State and County Medical Societies, it should be restricted to one board in each State, composed in fair proportions of representatives from medical colleges and the profession at large, and the pay for whose services as examiners should, in no degree, depend on the number licensed by them,—respectfully

REPORT.

That the resolution referred to them, asserts a principle, and proposes a plan of action in conformity therewith--they will, therefore, consider it under these two aspects—and, first, as it relates to the principle involved in the union of teaching and licensing in the same hands.

If the resolution means to affirm that there is a moral wrong involved in this union, they cannot accord with it; they believe that medical teachers may confer the right to practice in good faith, and with a full conviction of the momentous responsibility which they assume, and they doubt not that there are medical faculties who perform this duty with strict integrity and impartiality, according to the received standards now recognized by the profession.

Nor can it be denied that, at the period when medical colleges were first organized in our country, the right of granting the license to practice, formed a wise and salutary feature in their polity. The best talent of the country was concentrated in the few medical schools which then existed. The number of students was comparatively small, and physicians were thinly scattered over the country.

Perhaps it would have been difficult at this juncture, to have vested the power of granting the degree, in any boards as competent to exercise it, as were the medical faculties of the several schools. To them the profession, with one accord, entrusted it, and that it was worthily exercised, according to the recognized standards of those times, we presume no one will deny.

We cannot concur, therefore, in the broad principle laid down in the resolution before us, though we fully indorse the sentiment, that the union referred to is liable to great abuse in practice.

Within the past few years, the business of medical teaching has partaken largely of that spirit of active competition which is so peculiarly fostered by republican institutions. With the vast additions to our territory, the amazing increase of population, wealth and general education amongst the people, there has been a corresponding activity in all of those pursuits which furnish honourable and profitable employment to those who engage in them. Amongst the most attractive of these to the medical man, is the business of public instruction.

Enthusiasm in the pursuit and diffusion of knowledge, ambition to excel in one of the most honourable of human avocations, a desire for social position and pecuniary emolument, all animate the breast of an aspirant for a professorial chair. These motives are in themselves fair and praiseworthy, and when maintained in their proper relations, and swayed by high moral principles, they constitute powerful incentives to meritorious exertion. Competition in the business of medical instruction does not necessarily imply a compromise of these principles. Under proper restrictions it may indeed be beneficial in stimulating the energies of institutions which might otherwise become dormant and inefficient. It has already accomplished much in this way, and is destined to be further beneficial in developing new sources of knowledge, and in perfecting plans of instruction.

Were men always disinterested, and true to the high impulses and generous sentiments of our nature, the interests of our profession would be in no danger from the most active competition. If the prevailing desire of all parties engaged in medical teaching was to elevate the standard of medical education, if rivalry between colleges consisted in efforts to extend and amplify their courses of instruction, and to establish a high reputation for scientific acquirement for their respective institutions, regardless of the popular demands for short sessions and superficial courses—then, indeed, would competition become the very life of progress and reform. But it is too often the case, that men engaged in the same pursuit, where the spirit of

rivalry is active, and constantly stimulated, in their zeal for the interests or reputation of a favourite institution, will overlook considerations of public utility.

In corporations this tendency to deviate from a high standard is particularly strong, for in such bodies the responsibility of public acts is divided, and the sense of individual accountability is thereby weakened. Without attributing, therefore, to our medical colleges any extraordinary deviation from the line of integrity, we think it will be admitted that the circumstances under which they are now placed gives them a downward tendency, and has produced, in some of them at least, a relaxation in their rules, and a consequent depreciation of the value of the degree.

A conviction of this general decadence was, we conceive, one motive which prompted the call of the first National Medical Convention held in New York, and the reference of the subject under consideration to your committee by a large majority of that body, evinced their interest in its discussion.

When it is remembered that the medical diploma, as granted by the Colleges of the United States, confers the right to practice, and is not, as in many of the institutions of Europe, a mere Academic honor, which renders its possessor eligible for future examinations, it is not surprising that there should be throughout the medical community a deep interest in the just and impartial exercise of so important a trust. Nor should it be considered an improper interference with the rights of individuals or corporations, if this national body should inquire into the source from which this high power emanates; and into the means best calculated to restrict its undue exercise, if it should be abused to the injury of the profession.

The first question which presents itself in this connection is, what legal restraints now exist to the granting of the degree? or, in other words, what is the policy or practice of legislative bodies in this respect? We presume there will be no difference of opinion in this Convention that legislatures have recently been very liberal in granting charters to Medical Colleges. Nor will it be denied, that, in dispensing legal powers to these corporations, but little attention is bestowed by the mass of legislators, upon their influence and tendency upon the interests of science or of the profession. They are voted to applicants very much as are charters for banks, rail-roads, or manufactories; and legislative bodies rely upon the judgment and common sense of the people either to sustain or reject them, leaving each institution to stand on its own merits.

That this is the tendency of modern legislation is evident from the

fact, that irregular practitioners have been able to obtain legal powers to teach their doctrines, with a facility corresponding with their political or private influence at the seat of government. Our science receives, in fact, no substantial support from government, and, in some instances of recent date, where partial protection had been long extended, it has been withdrawn. As an evidence of this fact we would refer to a law passed by the Legislature of Missouri at its last session, one section of which declares, "Every person, or co-partnership of persons in this State, who shall follow the practice of law for a livelihood, in whole or in part, is hereby declared to be a lawyer; and every person, or co-partnership of persons in this State, who shall follow the practice of medicine for a livelihood, in whole or in part, is hereby declared to be a physician."

These remarks are not intended as casting any censure upon the legislatures of our country. As the fountains of law, the conservators of social order, and the media through which the popular will is expressed, these bodies demand, and should receive the respect of the citizen.

Your committee only desire to state their views of the actual relation which subsists between legislatures and medical corporations, and especially to direct attention to the fact, that the bodies which distribute these high powers, do not presume to judge of the qualifications of men to exercise them, or to institute any rigorous investigation into the manner in which they may act under them.

If this view of the case be correct, it becomes a question how far this liberal policy is conducive to the best interests of medical science, and whether some check should not be placed upon the power of granting licenses to practice, by the profession itself.

If, in the institution of medical colleges or schools, the granting of the diploma was restricted to its original objects, viz., to attest the proficiency of the student in the several branches of knowledge in which he may have been instructed, without conferring upon him any special privileges, or investing him with legal rights; then the facility with which charters can be obtained, and the consequent multiplication of schools, would be comparatively harmless.

But it is easy to perceive that, under the present system, very defective schools may live and flourish, and even outstrip the more competent. All colleges possessing alike the power of conferring the right to practice—the diploma of the inferior institution bestows the same privileges at the cost of less time and money than those of a higher grade; and as nearly all of these institutions are acknowledged by each other, it follows that a large class of students who

may not choose to avail themselves of such facilities of instruction as are absolutely essential to ground them in the principles of medical science, will spend all, or a portion of the short period devoted to their studies in that school which will give them the most easy access to the ranks of the profession. On the other hand, inferior schools, struggling for an existence against their more powerful rivals, will use every effort which ingenuity can suggest to induce an attendance upon their courses.

Thus it is that medical education may be divested of its exalted aims, and be pursued more for the advantage of private individuals or institutions, than for the promotion of science—and for the good of humanity.

From the views now presented, it will be perceived that the undersigned concur in the proposition that, abuses consequent upon the union of the business of teaching and licensing in the same hands, are now apparent, and that unless some decided change in the policy of legislative bodies should be effected, or some measures should be instituted by the profession itself, to guard the exercise of this power, these abuses will continue to exist.

The undersigned will now proceed to the second branch of the resolution of Dr. Bartles, viz : " Instead of conferring the right to license on medical colleges, and on State and County medical societies, it should be restricted to one board in each State, composed in fair proportions of representatives from medical colleges, and from the profession at large ; and the pay for whose services, as examiners, should in no degree depend on the number licensed by them."

The undersigned prefer to discuss the general question of a remedy for the evils which they have endeavoured to point out, without being bound by the specific proposition contained in this part of the resolution.

How far the entire separation of teaching from licensing, would be effectual in checking the progress of the evils complained of, they are not prepared to determine. Admitting, however, that this would be an important measure, would it be practicable, in the existing state of things, to effect it ?

The first inquiry which here presents itself is, could the medical colleges be deprived of a right with which they have been legally invested, without their consent ? This question is readily answered—they cannot. Nor can this right be interfered with any further than those who possess it may be disposed to modify or surrender it.

But it may be asked, suppose this power shall be abused, to the injury of the medical profession, and to the degradation of medical

science? must its unrestrained exercise be permitted without an effort on the part of those most interested to check the progress of the evil? We answer, certainly not. And this brings us to the consideration of the means adapted to this important purpose.

We have before adverted to the inefficiency of legislative aid in sustaining sound scientific institutions, and have endeavoured to point out the fallacy of a dependence upon bodies constituted as are our legislative assemblies in matters relating to science.

But there is a power more potent than that exercised by legislatures, or by the corporations which they may create; *it is the influence of combined and harmonious action directed to a special object, by the great body of the medical profession.* This power, which is popularly termed public sentiment, is, in this country at least, the most potential agency which can be brought to bear upon the errors or vices of the age, in whatever form they may be presented. It is, in fact, the source of law, and, in a republic, constitutes the mighty lever by which the powers of government are moved, and its decrees enforced.

Now, we must bring this great lever to bear upon the errors and abuses which exist in the medical profession, and if well directed, and skilfully applied, there cannot be a doubt that it will prove more effectual in removing them than appeals to legislatures, or any partial attempt to remedy special evils.

The first step in this work, is to bring the medical profession together as a united body—to organize into a great family or brotherhood, bent upon the elevation and advancement of our common calling—to do, in a word, what this Convention at its first organization, as its first act, resolved to do, viz., "to institute a National Medical Association, for the promotion of their interests, for the maintenance of their honour and respectability, for the advancement of their knowledge, and the extension of their usefulness."

To another committee has been entrusted the duty of presenting to this body a plan of organization adapted to this purpose; this done, and the initial step has been taken in the great highway of progress. Let the physicians in States and portions of States throughout our widely extended territory, combine together on the basis which this national association may recommend, and let these various subordinate bodies move in harmony with each other, and with the great central body, of which they form a part, and it is impossible that the deliberations or decisions of the profession thus united, can fail to command respect and allegiance from its individual members, from medical corporations, private associations, and from the public.

It will not be necessary, under such an organization, to make any attempt to wrest from medical colleges their high powers. We have but to urge in the spirit of kindness, but with firm resolve, such changes in the existing plans of medical education, or in the modes of examination, as appear to be most imperatively demanded for the protection of our common interests, and for the good of humanity —and the colleges which are dependent on the profession for favour and support, will respond to the appeal.

Already we have an earnest of the sentiments of some of the gentlemen attached to these institutions, which inspires the hope that they stand ready to yield to the decisions of the medical body. There are amongst the professors of our medical colleges, men whose lives have been devoted to the improvement of science, and to the advancement of every measure calculated to elevate the medical character; in whose minds selfishness or avarice cannot be brought into competition with public utility, or with the behests of humanity. If, on an examination of the subject which is now forcing itself upon our attention, they become convinced that a change from the existing order of things is demanded, they will not be deterred from aiding in its accomplishment by any personal considerations. How far this feeling may pervade the entire body of professional teachers, we cannot of course determine, but that they are the sentiments of some wielding an extensive influence, and occupying the highest positions, we feel assured.

If, then, the National Medical Association should embody, as we believe it will, a large portion of the respectability and intelligence of the profession throughout the United States, and should assume a permanent and well disciplined form, we feel assured that any changes in the existing order of things which it may propose to the medical colleges of the country will meet with the most respectful consideration.

The interests and reputation of the colleges are, in fact, closely identified with the great body of the profession—the schools live and flourish by the support which they derive from the medical practitioners throughout the country—the great mass of their students are from the offices of these gentlemen, and their advice and influence must generally determine a student in the choice of his school.

The country practitioners form the great bulk of the medical community—they are the medical public, and the popular will is expressed through them. Their voices are now heard in tones of remonstrance against what they consider the abuse of the high power of conferring the right to practice medicine, and they are

coming up here to this great national gathering, to adopt measures for the protection of our common interests. If, as one of these measures, the National Medical Association should ask that the body of the profession should have a voice in the selection of judges of the fitness of candidates for the doctorate, we cannot doubt that this right will be yielded, at least by those institutions who desire to maintain their connection with the National Association.

There is certainly nothing unreasonable in this request. When it is considered that in our profession the members are mutually dependent on each other for character and support, the privilege of deciding who shall be of the fraternity, is especially important; and if medical colleges, owing to any mal-administration of their affairs, or from being organized in a defective manner, throw into our ranks men who are incompetent to exercise the high responsibilities thus conferred upon them, it is the duty of the medical community to adopt measures for their own protection, and to ask for a participation, at least, in the exercise of this responsible duty.

The precise mode in which the profession may exercise a supervision over the granting of the degree—whether they shall establish independent boards of examination, or shall be associated with those now in force, is a question which your committee are not now prepared to discuss.

The object in this brief report is merely to re-affirm the existence of great and growing abuses in our systems of medical education, and to assert the rights of the great body of the profession to prescribe such regulations for the government of the medical institutions of the country as their assembled wisdom may dictate.

The undersigned are not favourable to any sudden changes in the existing order of things—the position and responsibilities of the National Association must be defined—abuses must be first exposed, and great principles must be discussed before we can expect to decide upon definite plans of action.

The report on the organization of a National Medical Association, now before the Convention, contemplates the exercise of the powers to which we have alluded, and has wisely established a standing committee of its body to have charge of the subject of Medical Education. To that committee, this subject might, we think, be appropriately referred, with a view to future action.

The undersigned would further remark, that the report of the Committee on the Requirements for a Degree, also before the Convention, would, if adopted, exercise an important influence upon this question. If the curriculum of study is increased, and the terms length-

ened, a very salutary check will be placed upon the too hasty or incautious exercise of the power of conferring the degree. And those Colleges who come into this arrangement may be viewed by the profession in such a light as to take away all occasion for complaint on this head.

The necessity for immediate changes in this branch of the system is thereby obviated, and the Convention may, we think, safely leave the question for future consideration.

With these views, the undersigned would respectfully submit the following preamble and resolution for the action of the Convention.

Whereas, A general sentiment prevails in the medical profession, that the active competition existing amongst the Medical Colleges of the Union has a tendency to lower the standard of professional requirement, and to depreciate the value of the degree ;

And whereas, The facility with which charters for medical corporations are obtained from our state governments, exposes the medical profession to the continuance and increase of these abuses, inasmuch as these corporations possess alike the power of granting the license to practice ;

Therefore resolved, That, in the opinion of this Convention, some additional checks to the exercise of this right should be established by the great body of the medical profession.

ISAAC PARRISH,
JAMES R. MANLEY,
THOMAS COCK,
JOHN W. FRANCIS.

H.

The Committee appointed by the National Medical Convention, held in May, 1846, *to consider the expediency, and (if expedient) the mode of recommending and urging upon the several State governments the adoption of measures for a Registration of the Births, Marriages, and Deaths of their several populations, respectfully*

REPORT

That in their deliberations upon this vitally important subject, the *expediency* of such a recommendation has not for a moment admitted of a doubt. They believe the medical profession of the United States would unhesitatingly and unanimously approve the recommendation, and that such a step, by their representatives assembled in this Convention, would receive a universal sanction.

A uniform and systematic Registration of Births, Marriages and Deaths, appears to be a measure somewhat difficult of accomplishment in populations like ours, and must, necessarily, rely upon the energy and intelligence of comparatively few to carry its provisions into effect, yet it is of such primary importance to the best interests of the people, as to justify our urging its adoption upon the several State governments, with the confident belief that when its merits are once fully understood, all will unite in its support.

With regard to the second branch of the subject submitted to us, the *mode* of recommending the adoption by the several States, of measures for this purpose, there would seem but one course for the Convention to pursue, and that is, to address the State governments upon the subject. To this end, your Committee have prepared a document in the form of an address, which they propose, if accepted, should be signed by the officers of the Convention, printed, and properly transmitted.

As this whole subject is one which can, in its primary aspect, be fully appreciated by but few others than the members of the medical

profession, it must depend, in a great measure, upon *their* efforts for its successful accomplishment, and where such exceedingly desirable and valuable results are attainable, your committee will not suffer themselves to entertain the thought that it will be permitted to fail, through negligence on the part of their professional brethren in the different sections of the country.

Your Committee respectfully submit the following resolutions for adoption by the Convention:—

Resolved, 1st. That it is expedient for this Convention to recommend to, and urge upon, the various State governments, the adoption of measures for procuring a Registration of the Births, Marriages and Deaths occurring in their several populations.

Resolved, 2d. That a Standing Committee be appointed by the Convention to take a general charge of the subject, and report annually to the Convention.

Resolved, 3d. That the State Medical Societies be requested to assume the duty of carrying out the objects embraced in the first resolution; and that in those States where no organized societies exist the delegates therefrom in the present Convention, be charged with the duty for their respective States, and report to the Standing Committee.

Resolved, 4th. That in procuring the Registration, the forms and nomenclature adopted should be, as nearly as possible, similar to those prepared for, and reported to, the Convention.

Resolved, 5th. That the paper hereto annexed, be adopted as the voice of the Convention, be printed, and signed by its officers, and transmitted under their direction to all the State governments of the Union.

All which is respectfully submitted.

JOHN H. GRISCOM,
GOUVERNEUR EMERSON,
A. CLARK,
CHAS. A. LEE,
JAMES STEWART.

Philadelphia, May 5th, 1847.

The United States National Medical Convention, assembled in the City of Philadelphia in May, 1847, desirous of the promotion of the true and vital interests of the people of their common country, in all their varied locations, circumstances and conditions, do respectfully

recommend to the governments of the several States of the Union, the adoption of measures for a General Registration of the Births, Marriages, and Deaths, which may occur within their respective borders.

No effort need here be expended in elucidation of the more ordinary purposes for which such a Registration should be universally adopted, such as proofs of lineage, rights of dower, and bequests of property. The importance of these cannot but be perceived on the least reflection.

But there are reasons more profound and far reaching, results more important to the welfare and glory of man, obtainable by this measure, which not only justify, but demand its early adoption, and thorough consummation.

There are two facts to be noticed in this connection, which may not be denied:—

First. Upon the circumstances connected with the three important eras of existence, birth, marriage and death, are dependent, to a very great extent, the physical, moral and civil condition of the human family.

Second. A knowledge of these circumstances is necessary for a full comprehension of important means for the certain advancement of the population of States, in prosperity and civilization.

To the political economist and vital statist, the laws which regulate and control the lives and destinies of the people of the present, cannot be a subject of indifference;—to the legislator and statesman, ignorance of them is a bar to the full appreciation of their responsibility to the people of the future. The *philosophy of increase of population* is intimately connected with, and dependent upon, the proposed measure, and can be properly learned only from its facts and deductions. In countries longer settled than ours, this science has come to be one of profound importance to those who are called to legislate for the future as well as for the present. For example:—The population of England has increased, as the census prove—and the excess of births over deaths leaves beyond a doubt—in a geometrical progression for forty years, and at a rate by which, if continued, it will double every forty-nine years. Whether the means of subsistence keep pace with that increase, or whether the density of population will, ere long, be too great for its area, are important questions to be decided by their own statesmen.

An increase of population has, however, nothing in it irresistible or inexorable; *it consists in nothing but an increase of the births over the deaths*—and will be suspended if the births cease to main-

tain the same ratio to the population; and the births may always be reduced rapidly, by retarding the period and number of the marriages, without taking into consideration the increase by immigration. Circumstanced as this country is now, with its millions of unreclaimed acres, its exhaustless resources of subsistence and wealth, in its mountains and valleys, in its mines, rivers and forests, it would be judicious to invite, even with the vast immigration to be expected, rather than discourage, an increase of a native population, by encouraging early marriages, provided that thereby immorality or misery in any form, will not advance with them.

But before we can make any recommendations on this subject, or before we can even intelligently discuss it, we must have a knowledge of the facts as they are. By commencing a Registration now, our successors will be furnished with the necessary material in time for any exigency that may arise.

Conclusive evidence is furnished to us of the value of a well-digested system of Registration for the improvement of the people in their moral and physical condition, and in the length of their lives. From the facts obtained thereby, are deducible the rules and inferences of health, and the sources of disease and premature mortality—many of which need but be known to be avoided. Coincident with improvements in the health and condition of individuals, are increase of years, and advancement in private and public morals, and in the strength and virtue of the State.

Among the first communities to establish a system of Registration of Births, Marriages and Deaths, was Geneva, where it was begun as early as 1549, and has since been continued with great care. The registers are there viewed as pre-appointed evidences of civil rights, and it appears that human life has wonderfully improved since they were kept. The mean duration of life increased more than *five times* from 1550 to 1833; with the increase of population, and more prolonged duration of life, *happiness also increased;* though with advanced prosperity marriages became fewer and later, and thus the number of births was reduced, a greater number of infants born were preserved, and the number of adults—with whom lies the true greatness of the state—became larger. Towards the close of the 17th century, the probable duration of life was not 20 years—at the close of the 18th century it attained to 32 years—and now it has arrived to 45 years; while the real productive power of the population has increased in a much greater proportion than the increase in its actual number, and, *Geneva has arrived at a high state of civilization.*

These results, so glorious for individuals, for the community, and

for humanity, are derived from the better knowledge and understanding of the science of life and health, the data for which are furnished by the statistics of the Registers.

The information obtained by the Natural History surveys which have been made of many of the States of the Union, is directly interesting only to a very small number;—while the facts and inferences deducible from a sanatary survey and registration, interest and benefit, directly, the great mass of the people, for all are interested in their personal condition. Thus are produced in them more expanded views of the worth of life, and the necessity for its preservation; a more thorough appreciation of the importance of purity in the principal sources of its continuance, air and food; more attention to the comforts of dwellings and clothing, more refined sensibilities, greater energy, and a better regulated state of public and private morals. These results *have been obtained in Geneva.*

In Prussia these measures are attended to in a mode deserving the highest commendation. Every fact relating to the health, lives and condition of the population, is there collected with great care by a central officer at Berlin, and published for the benefit of the people. The most beneficent results have accrued from the admirably arranged statistical returns made for several years past in England. Of more than one large town, but of Liverpool especially, it was ascertained that the mortality was great, and the average age at death of the population low, whereas before, the inhabitants had boasted of their salubrity and longevity. The registration has, to them, truly proved the means of increase of health and years, after removing from their eyes the scales which blinded them to their own destruction.

In many of the European states besides those mentioned, facts in connection with this subject are registered, and collated, in the most scientific and systematic manner, and, to use the language of a distinguished American statist, "whatever we Americans may say to the contrary, the average longevity, in many places, where these measures have been in operation, appears greater than with us." Indeed we have no little reason to apprehend that unless something is done to arrest the progress and pressure of the causes of premature mortality in this country, we shall be in danger of possessing only a very young and immature population. The average age of death in many of our large cities, as far as returns enable it to be shown, is under 20 years, a fact which can only be due to the unfavourable physical circumstances of the people, and their ignorance of the true means of living and avoiding disease.

The registers of the ancient Romans, which were preserved with great care, and recorded the births, sexes, periods of puberty, manhood, age at death, etc., kept by order of Domitius Ulpianus, prime minister of Alexander Severus, afford us the means of ascertaining the mean duration of life in Rome nearly 2000 years ago, and comparing this with the results of estimates made at the present day in in places where similar records are kept, we are thus enabled to establish the gratifying fact of the great extension of the average period of human life in various cities and countries.

Of the results obtainable by the suggested measure, in connection with the census returns now regularly made in each of the United States, not the least important and desirable are *tables exhibiting the probabilities or expectation of life.*

By this simple and elegant method, the mean duration of life, uncertain as it appears to be, and as it *is*, with reference to individuals, can be determined with the greatest accuracy in nations, and in still smaller communities. This is important not merely in reference to the payments of life annuities, and the business of life insurance, whose great value is but just beginning to be felt in this country, but it is of inestimable interest, as determining to individuals their probabilities of living in their different classes, occupations, locations, and habits. "As it might be expected from the similarity of the human organization, that all classes of men would, *cæteris paribus*, live, on an average, the same number of years, it becomes important to ascertain whether this be the case, and if it be not, to determine to what extent life is shortened in unfavourable circumstances. The Life Table answers this purpose, and is as indispensable in sanatary inquiries as the barometer or thermometer, and other instruments, in physical research. Upon applying it to any number of well-selected cases, the influence of any external cause, or combination of causes, can be analyzed; while without its aid, and extended observation and calculation, we are liable to be misled at every step by vague opinions, well-concocted stories, or interested statements, in estimating the relative duration of life; which can no more be accurately made out by conjecture, than the relative diameters of the sun, moon, and planets of our system."*

If these things are so, and of their truth there cannot remain the shadow of a doubt, it is plain that with this measure are entwined the highest earthly interests of humanity, and it belongs to the legislators of the New World, the guardians and custodians of the inte-

* Fifth Annual Report of the Registrar-General in England.

rests and glory of the American Republic, to consider well ere they longer postpone the adoption of a measure so essential thereto. "A comparison of the duration of successive generations in England, France, Prussia, Austria, Russia, America, and other States, would throw much light on the physical condition of their respective populations, and suggest to scientific and benevolent individuals in every country, and to the governments, many ways of diminishing the sufferings, and meliorating the health and condition of the people; for the longer life of a nation denotes more than it does in an individual, —a happier life—a life more exempt from sickness and infirmity—a life of greater energy and industry—of greater experience and wisdom. By these comparisons, a noble national emulation might be excited, and rival nations would read of sickness diminished, deformity banished, life saved—of victories over death and the grave,—with as much enthusiasm as of victories over each other's armies in the field; and the triumph of one would not be the humiliation of the other, for in this contention none would lose territory, or honour, or blood, but all would gain strength." (*Idem.*)

I.

The Committee appointed "to prepare a nomenclature of diseases adapted to the United States, having reference to a general registration of deaths," beg leave to submit the following

REPORT.

No subject is more intimately connected with the prosperity and happiness of a people than the degree of their public health. Some places and some circumstances are known to be more favourable than others to the development and prolongation of the vital energies of man; and it is a matter of great moment to the whole population collectively, and to each one individually, to know what facts exist in the place selected for residence, which influence its character in this respect. No subject which can claim public attention should excite greater interest than that of obtaining a knowledge of the diseases and causes of death in operation among us. It is of great consequence to all of us to know when, where, in what form, and under what circumstances, sickness and mortality take place; and whether they are uniform, or dissimilar in different places, or in the same place in different seasons, and under different circumstances. Wherever this knowledge is possessed, remedies for the amelioration or extinction of existing evils can be applied more intelligently, and with better hope of success.

Fortunately there is a mode by which this information may be obtained, and by which the force of mortality pressing upon a people may be, in some respects, weighed and measured. This mode is, uniform and accurate registration of the causes and locality of death, and intelligible abstracts of those causes. This matter may be illustrated by the facts we already possess. Let the whole force with which mortality presses upon us be represented by 100. It appears by the Fourth Report of the Registration of Births, Marriages and

Deaths, in Massachusetts, for 1845, page 55, that of 10,000 of all the deaths by known causes that year, 667 were by *scarlatina.* This disease then, or this form or force of mortality, pressed upon us 6·67 per cent. of all forms or forces. It appears by the same Report, on page 82, that of 10,000 deaths 651 occurred in May and 1095 in September; showing that the proportional force of mortality was 68 per cent. less in the former than in the latter month. In 10,000 deaths in five different towns of the same population, 150 may occur in one and 300 in another, showing a different force in those places of 100 per cent. In this manner may this force be weighed and measured in all its details. The correctness of this measurement depends, however, upon the degree of accuracy by which the facts are registered and abstracted. A uniform and systematic plan of *registration* and *classification* is essential to secure this accuracy. From an extensive examination of the statements of deaths in different places in the United States, it appears that the same disease is sometimes given in one place, under a name different from that of the same disease in another place, and even in the same place, the same want of uniformity exists in regard to the names of diseases in different periods. This is a great evil, and it must be obvious that so long as it exists it will be difficult, if not impossible, to make a statistical abstract, on which to institute accurate comparisons of the prevalence of different diseases, or of the health of the people in different places or in different periods. To remedy this evil the plan of a nomenclature and classification of diseases contained in the appendix is proposed. It is intended to apply uniformly to all sections of our country.

Registration.—The following rules should be observed in registering the cause of death.

I. *Give causes of death the right names; and such as have the same meaning at all times, and in all places.*

Consumption, cancer, or other name, for instance, should not be given when death was produced from another cause. The same name should, as far as possible, be uniformly used in every section of the United States.

II. *Such names should be used as would give a clear definition of the cause of death.*

Such terms as "fits," "infantile disease," "inflammation," "decline," "sudden death," &c., without specifying what kind of fits, what infantile disease, what inflammation, the cause of decline, or of sudden death, are improper. The particular disease, or cause of death in each case, should, as far as possible, be stated.

III. *A single word, or the least number of words possible, which would give this clear definition, should be preferred. Popular names may be used, but where no popular name in a single word is found, a technical or scientific term should be preferred.*

According to this rule, *consumption* would be preferred to phthisis; *croup* to cynanche trachealis; *pneumonia* to inflammation of the lungs; *enteritis* to inflammation of the internal membrane of the bowels, &c. By uniform use the people would soon become familiar with scientific terms.

IV. *When more than one disease or cause have concurred in producing death, they may be written under each other without being connected with other words or particles, and in the order of their appearance.*

V. *State as nearly as can be known by numbers, the duration of the disease or diseases, if more than one has concurred in producing the event, in years, months, or days.*

This would supersede the use of the words "sudden," "acute," "chronic," &c., and which often convey indefinite ideas. The suggestions of the Seventh Report of the Registrar General in England, should be observed in this connection. The duration of the diseases in these returns will always be considered to imply the time intervening between the first appearance of well marked characteristic symptoms and death. Small-pox, scarlatina, erysipelas, typhus, and all febrile and inflammatory diseases should, however, be dated from the rigor and first symptoms, not from the later appearance of the eruptions, &c. &c. The time in the certificate opposite the primary disease will, therefore, include the whole term of the illness. Thus, scarlatina maligna, 21 days; purulent infiltration, 7 days; implies that the earliest symptoms of scarlatina occurred 21 days before death, and 7 days before death purulent infiltration was observed. So hooping cough, 16 weeks, paralysis of motor nerves right side, 4 weeks, pneumonia, 3 weeks, is understood to mean that symptoms of the cough appeared 16 weeks, of the paralysis 4 weeks, of the pneumonia 3 weeks, before death. Strict attention to these suggestions ought to be paid to avoid confusion.

VII. *In fatal cases of small-pox, measles, scarlatina, typhus, and the like diseases, state whether it was the second, third, &c. attack, wherein the patient has sustained more attacks than one. In ague, epilepsy, convulsive and other diseases which occur in fits or paroxysms, date the illness from the first fit, and add the duration of the last fit.*

Thus "Epilepsy, 5 years; last fit 6 hours."

VIII. *Surgeons in all cases of operations should return the primary disease, the operation, the secondary disease, and should state also the time from the commencement of the primary disease, the time from the operation, and the time from the appearance of secondary disease, reckoning in each instance to the death.*

IX. *In external causes of death, the nature of the injury and the circumstances of the death should be stated; and whether by accident or design.*

The following are examples of such record; "killed on rail-road," "shot *accidentally*," "suicide," "hanging," &c. &c.

X. *When poison has been the cause of death, the time which elapses between its administration and the death should be registered as far as possible.*

Examples,

"Laudanum, (suicide,)	8 hours."
"Oxalic Acid, (accidental,) . . .	20 minutes."
"Arsenic, (murder,)	30 hours."

XI. *The cause of the disease when clearly known, may be inserted.*

It would perhaps be impracticable to carry out this rule to any very great extent, but in some cases it might be important. No cause of disease should be given unless distinctly ascertained. The following are cases in which such a record might be made, "Tetanus, wound in the hand, 2 days," "Delirium Tremens, Intemperance, 5 days;" "Scarlatina—exposure to the disease four days."

XII. *The cause of death should, if possible, be certified by a physician present during the last sickness; or, when no physician was present, by such other person as might be best qualified. These rules should be observed by coroners.*

The information proposed to be obtained by the certificate in appendix A, is divided into two parts for the purpose of giving the physician no other trouble than merely to certify the cause of death, unless he chooses to give the other information. The sextons may obtain a personal description from other sources.

Classification.—There are many different causes of death, and many names given to the same cause. Many vague, unmeaning, and incorrect terms are often used; and it would be difficult, if not impossible to make a statistical analysis embracing each in detail. It becomes necessary to group those that are synonymous, or nearly so, under one name, and those operating in a particular way or affecting a particular organ under one class. The advantages of such a classification are too obvious to require discussion. It has been well

said, that "a nomenclature is of as much importance in this department of inquiry, as weight and measures are in the physical sciences."

The first question that presents itself is: How shall this classification be made? Various nosological arrangements of diseases have been proposed, possessing a greater or less degree of merit, but many of them appear better adapted to the general purpose of science than to statistical investigations. Those who study this subject will perceive that there are difficulties attending the details of any classification of diseases; and that it is not easy to make one that shall be entirely satisfactory, even to one's own mind. In making one, however, there are certain principles of known and acknowledged importance, which should be observed. Some diseases are known to have an epidemic and zymotic character, and the public health of a community is generally measured by the proportion to the whole deaths in which they prevail. Others are known not to have this character, but to be sporadic. Death is also produced by *external causes* without disease.

Here then are three classes of causes which it would seem might be separated. This division alone would, however, leave so large a portion among the sporadic, that some other subdivision becomes proper. To provide for this, a classification of diseases which affect a particular organ, has been adopted. Some special diseases, however, (dysentery for instance,) belong to the Zymotic, as others belong to the Sporadic class; and it has been suggested that the former should be divided as well as the latter. This might be useful for more minute analysis, but for general purposes too many subdivisions embarrass rather than simplify the information. In making investigations in which it is desirable to include all diseases of the digestive organs, it will be easy to separate the Zymotic diseases which affect these organs from the rest, and add them to those of the sporadic class.

The following rules should be observed in making a classification of diseases for statistical purpose.

I. *All Zymotic diseases, or such as are known to be epidemic, endemic, or contagious under any circumstances, should be classed together.*

II. *All Sporadic diseases, or such as are known not to be epidemic under any circumstances, should be separated into classes, according as they affect particular organs of the body;—such as are of uncertain or general seat, forming a distinct class.*

III. *Deaths by old age, or from external causes, should each form a class.*

IV. *For convenient reference, all the names in the classified*

causes of death, and others proposed to be used in the registers, and their synonyms, both popular and scientific, should be arranged alphabetically in a separate list, and accompany each other, and opposite to each the synonym by which it is defined.

The most recent nomenclature and classification of disease, is that prepared by Wm. Farr, Esq., and used in the registration system in England. It has been generally approved, and seems better adapted for its object than any known, and might, with some modification, be adopted in this country. In preparing the nomenclature and classification contained in the appendix to this report, we have followed Mr. Farr's plan, having the rules already given in view. As a general alteration of his plans, for the purpose of more convenient reference, the names of each class are arranged alphabetically. The other alterations are as follows :—

Class 1*st*. This class is the same as the English, except that it transfers "Hydrophobia" to the 12th class, and includes "Cholera Infantum," which is considered, in this country, a distinct disease.

Class 2*d*. This class transfers "Purpura" to the 10th class, substituting Cancer for Carcinoma, and includes "Infantile Diseases." The last term is used, not because it is liked, but because many causes of death are returned under this name. When more accurate diagnoses shall be observed, the number registered under this name, and "Inflammation," and "Sudden Deaths" will be lessened.

Class 3*d*. Same as the English system.

Class 4*th*. Same as the English system excepting it substitutes the word "Consumption" for "Phthisis."

Class 5*th*. Same as the English system.

Class 6*th*. This class throws out "Tabes Mesenterica," "Strictura," and "Hæmatemesis;" and instead of "Stomach, &c., Diseases of," "Organs, &c., Diseases of," is used that it may include special diseases of any of the organs of digestion.

Class 7*th*. We have excluded "Ischuria" and "Stricture" from this class, and substituted "Gravel" instead of "Stone."

Class 8*th*. In this class we have excluded "Ovarian Dropsy," and substituted "Puerperal Fever." Although this is a highly contagious disease, yet it is not known to occur except in connection with childbirth. We have thought it but proper, therefore, to class it with that cause of death. The word "Organs" has been substituted for "Uterus," as the more appropriate term.

Class 9*th*. We have not used the term "Arthritis" in this class, but have added "Hip, Disease of," and "Spine, Disease of," as deaths often happen from these local diseases.

Class 10*th*. "Carbuncle" and "Phlegm" being rare causes of death, are not used. "Purpura," being a disease of the skin, is placed here instead of the 2d class.

Class 11*th*. Same, of course, as the English system.

Class 12*th*. In the English system those terms only are used in the abstracts for this class, "Intemperance," "Starvation," and "Violent Deaths;" but it is a matter of considerable moment to the people to have a more minute division, and we have accordingly included several others. "Hydrophobia" and "Necusia" are placed by Mr. Farr with the zymotic class; but since they arise from external injuries, it is supposed they might properly be classed here as "Poisoned" or "Intemperance."

We submit, accompanying this report, and to form a part of it, an appendix, containing papers marked A, B, and C. Appendix A contains a blank form for a certificate for a return of a death to the Register, and the same filled out, illustrating how it should be done. The form, it will be perceived, proposes to obtain several particulars which should be recorded in tabular form in the register. The propriety of inserting the sex, place, and date of birth, and the name, condition, occupation, and age of the deceased, will become evident to any one who examines this subject, and understands the influence of this matter on human life. In giving the age, when over one year complete years only need be used, when under one year months or days should be inserted. It is useful also to insert the particular locality, in order to ascertain whether any influence exists there favourable or unfavourable to health and longevity. Some districts in the same towns or cities are known to be more healthy than others. It is also a matter of great personal interest in tracing connections and determining the distribution of property, to identify individuals particularly, and this cannot be done, in many instances, without the occupation and particular place of residence of the deceased, and the name and residence of the parents are given. Hence the propriety of inserting information on these matters. The *causes of death* should be accurately given; and that part of the return is separated from the other, and designed to be certified, if possible, by a professional man, or any other person competent to give the information correctly, who was present during the last sickness.

Appendix B contains the names of diseases which it is proposed should be used in making general abstracts for publication. This is divided into two parts. In Part 1st they are arranged alphabetically. In Part 2d they are classed according to the rules already given, each class being also arranged alphabetically. In making out tables

for publication, it might be well to print the facts under the diseases in both arrangements, according as they are presented in the Fourth and Fifth Report of the Registration in Massachusetts. In making such abstracts, diseases which are returned under a name not found in this list, should be arranged under one of a similar character in the list.

Appendix C contains the names of diseases which are actually found in the statements of deaths in the cities and towns in the United States. This list has been compiled after a careful examination of the bills of mortality for the city of Charleston, S. C., Baltimore, Philadelphia, New York, and Boston, for the last twenty-seven years, and from the recent returns from the interior towns of Massachusetts under the register system. An examination of this paper will show the absolute necessity that a revised nomenclature and classification of diseases should be made.

It would be very useful, also, if this report be accepted and printed, that it should embrace an additional appendix, and to contain the revised Statistical Nosology in the Seventh Annual Report of the Registrar-General of England, pages 262 to 292 inclusive, to be printed with a list of the names of diseases, and the numbers prefixed to them as used in the abstracts and found in page 236 of the same Report, to which the numbers in the Statistical Nosology refer.

The committee regret that circumstances have transpired in the sickness of one of its members, which has prevented so thorough revising of this report as was intended. This must be our apology for any of its imperfections which may be found.

Respectfully submitted.

(Signed) JNO. H. GRISCOM, of New York,
LEMUEL SHATTUCK, Boston,
T. ROMEYN BECK, Albany,
EDWARD JARVIS, Dorchester, Mass.,
G. EMERSON Philadelphia,
CHARLES A. LEE, Geneva,
} *Committee.*

APPENDIX A.—*Blank form of a return of a Death.*

I hereby certify that a ——— person died in ———, at No. —— Street (or place), on the —— day of ———, A. D. 18—. The name of the person was ——— ———, condition a ———, the occupation a ———, and the age — years, — months, — days. Said person was born in ———, and was the —— of —— —— —— ——, residents of ———. Interred in the —— ——.

—— ——, *Informant.*

I hereby certify the disease or cause of death of the above person was as follows:—

CAUSE OF DEATH.	DURATION OF DISEASE.
Primary disease, ———.	—— ——
Secondary disease, ———.	—— ——

——— ———, M. D., present during last illness.

Dated at ——, on the —— day of ——, A. D., 18—.

Form of a Return filled out.

I hereby certify that a [female*] person died in [Salem], at No. [102 Essex] Street, or place, on the [23d] day of [May,] A. D. 18[46]. The name of the person was [Mary E. Brown], and her condition was a [widow]. Her occupation [a tailoress], and her age [45] years, [—] month and [—] days. Said person was born in [Concord, N. H.,] and was the [daughter] of [John and Mary Brown], residents of [Concord]. Interred in [South Burying Ground].

[JOHN OAKES], *Informant.*

I hereby certify that the disease or cause of death of the above person was as follows:—

CAUSE OF DEATH.	DURATION OF DISEASE.
Primary disease [Measles].	[21 days].
Secondary disease [Pneumonia].	[7 days].

[EDWIN FOSTER,] M. D., present during the last illness.

Dated at [Salem], on the [24th] day of [May], A. D. 18[46].

APPENDIX B.—Part I.

Nomenclature of Diseases, Alphabetically arranged.

Abscess	Brain, disease of	Cholera Infantum
Aneurism	Bronchitis	Chorea
Apoplexy	Burns and Scalds	Colic
Ascites	Cancer	Consumption
Asthma	Cephalitis	Convulsion
Atrophy	Childbirth	Croup
Bowels, disease of	Cholera	Cystitis

* In addition to this the word "coloured" might be prefixed, if the person was not white, as "coloured female" or "coloured male," as the case might be.

Debility
Delirium Tremens
Diabetes
Diarrhœa
Dropsy
Drowned
Dysentery
Dyspepsia
Enteritis
Erysipelas
Executed
Fever Intermittent
Fever Remittent
Fever Typhus
Fistula
Frozen
Gastritis
Glanders
Generation, Organs, Disease of
Gout
Gravel
Hanged
Heart, Disease of
Heated
Hemorrhage
Hepatitis
Hip, Disease of
Hooping Cough
Hydrocephalus
Hydrophobia
Hydrothorax
Infantile Disease
Inflammation
Influenza
Intemperance
Insanity
Intussusceptio
Jaundice
Joints, Disease of
Kidney, Disease of
Killed, accidentally
Killed, by design
Laryngitis
Lightning
Liver, Disease of
Lungs, Disease of
Malformation
Malpractice
Measles
Mortification
Nephritis
Necusia
Old Age
Pancreas, Disease of
Paralysis
Paramenia
Pericarditis
Peritonitis
Pleurisy
Pneumonia
Poisoned
Purpura
Puerperal Fever
Quinsy
Rheumatism
Scarlatina
Scrofula
Skin, Disease of
Small-Pox
Spine, disease of
Spleen, disease of
Stomach, disease of
Strangulated
Still born
Sudden Death
Suicide
Syphilis
Teething
Tetanus
Thrush
Tumour
Ulcer
Urinary Organs, disease of
Worms
Unknown

APPENDIX B.—Part 2.

Nomenclature of Diseases, Classified for Statistical purposes.

Endemic and Contagious Diseases.

I. Zymotic, or Epidemic

1 Cholera
2 Cholera Infantum
3 Croup
4 Diarrhœa
5 Dysentery
6 Erysipelas
7 Fever, Intermittent
8 Fever, Remittent
9 Fever, Typhus
10 Hooping Cough
11 Influenza
12 Measles
13 Scarlatina
14 Small-Pox
15 Syphilis
16 Thrush

Of Uncertain or General Seat.

II. Sporadic Diseases.

17 Abscess
18 Atrophy
19 Cancer
20 Debility
21 Dropsy
22 Gout
23 Hæmorrhage

24 Infantile Diseases
25 Inflammation
26 Malformation
27 Mortification
28 Scrofula
29 Sudden Death
30 Tumour

III. *Of the Nervous System.*
31 Apoplexy
32 Cephalitis
33 Chorea
34 Convulsions
35 Delirium Tremens
36 Epilepsy
37 Hydrocephalus
38 Insanity
39 Paralysis
40 Tetanus
41 Brain, diseases of

IV. *Organs of Respiration.*
42 Asthma
43 Bronchitis
44 Consumption
45 Hydrothorax
46 Laryngitis
47 Pleurisy
48 Pneumonia
49 Quinsy
50 Organs, &c., diseases of

V. *Organs of Circulation.*
51 Aneurism
52 Pericarditis
53 Organs, &c., diseases of

VI. *Of the Digestive Organs.*
54 Ascites
55 Colic
56 Dyspepsia
57 Enteritis
58 Gastritis
59 Hernia
60 Intussusception
61 Peritonitis
62 Teething
63 Ulceration
64 Worms
65 Organs, &c., diseases of
66 Pancreas, disease of
67 Hepatitis
68 Jaundice
69 Liver, disease of
70 Spleen, disease of

VII. *Of the Urinary Organs.*
71 Diabetes
72 Cystitis
73 Gravel
74 Nephritis
75 Organs, &c., diseases of

VIII. *Of the Organs of Generation.*
76 Childbirth
77 Puerperal Fever
78 Paramenia
79 Organs, &c., disease of

IX. *Organs of Locomotion.*
80 Rheumatism
81 Joints, &c., disease of
82 Hip, disease of
83 Spine, disease of

X. *Of the Integumentary System.*
84 Fistula
85 Ulcer
86 Purpura
87 Skin, disease of

XI. *Old Age.*
88 Old Age

XII. *Of External Causes.*
89 Burns and Scalds
90 Drowned
91 Executed
92 Frozen
93 Glanders
94 Heat
95 Hydrophobia
96 Intemperance
97 Killed accidentally
98 Killed by design
99 Lightning

100 Malpractice	105 Suicide
101 Necusia	106 Wounds
102 Poisoned	
103 Strangulated	107 Still-born.
104 Starved	

APPENDIX C.

An alphabetical list of Diseases and Causes of Death, which have been found in Registers and Returns in the United States, with Synonyms, References by Figures and Notes.

[The names in the following list of Diseases and Causes of Death, have actually been found in the bills of mortality of Charleston, Baltimore, Philadelphia, New York and Boston, during the last twenty-seven years, and in the returns of deaths from the interior towns of Massachusetts, under its registration system, during the last five years, or other places. And for the purpose of forming a complete list, all the bills and returns during those periods have been carefully examined, and all the names abstracted and arranged in alphabetical order. No name has been omitted, and all are inserted for the purpose of showing the great variety of names in use, and the necessity of a new nomenclature. Names which are now proposed to be used in the new nomenclature in appendix B. are hence printed in capitals. Other names which may be used in the registers and returns, and which should be combined in the statistical abstract with some others of similar character, are printed in Italics. Others, which are sometimes allowable, and others which are improper, are printed in common type. The names in the right hand column are synonyms of the others. The figures refer to the numbers in the classified nomenclature, appendix B. part 2.]

Abdominal Viscera, (vague,)	What viscera? what disease?
Abdominal Dropsy, (vague,)	Dropsy? 21 Ascites? 54.
Abominal Tumour, (vague,)	What kind? where? 30.
Abortion,	Abortus, CHILDBIRTH, 76.

"Miscarriage" is generally employed if the fœtus be expelled within six weeks after conception; "Abortion," if between six weeks and six months; "Premature Labour," if the delivery occur between the sixth and ninth month, when the child may live.

Abortion after Dysentery,	76.
ABSCESS or Abscessus,	Abscess 17.

Abscess may occur in almost any part of the body. The term should be used in connection with the part affected, thus—*Abscess of the* ——, here state the part. The disease which leads to the formation of the abscess, should be inserted.

Abscess, arterial, (vague,)	What artery? where?
Abscess, internal, (vague,)	Where? what kind?
Abscess, lumbar,	17, SCROFULA? 28.

Angina,	Disease of the throat; what kind? 13?
Angina maligna,	SCARLATINA, 13. Putrid sore throat.
Angina pectoris,	*Disease of the heart*, 53.
Anomalous, (vague,)	What disease?
Anthrax,	Carbuncle, malignant boil, 87.
Anus imperforatus,	MALFORMATION, 26.
Anthrodynia e potu,	What disease?
Aorta, aneurism of the,	ORGANS, &c., 53.
Aorta, rupture of the,	53.
Aphthæ,	THRUSH, 16; sore mouth; canker.
Aphthæ anginosa,	Aphthæ of the throat, 16.
Aphthæ infantum,	Aphthæ of infants, 16.
Apoplexia,	APOPLEXY, 31.
APOPLEXY,	Apoplectic fit; stroke, 31.
Apoplexy, cerebral,	Apoplexy, 31.
Apoplexy, pulmonary,	Apoplexy of the lungs, 50.
Apoplexy of the heart,	Organs, &c., disease of, 53.
Apoplectic stroke,	APOPLEXY, 31.
Arachnitis,	Meningitis, cephalitis, 32.
Arthritis of the ——	Inflammation of the joints, 81; add what joint.
Has sometimes been improperly used for "Gout."	
Arteries, disease of the,	*Heart*, &c., *disease of*, 53.
Arteries, ossification of,	Heart, &c., disease of, 53.
Arteritis,	Inflammation of the arteries, 53.
Asiatic cholera,	CHOLERA, 1; Epidemic cholera.
ASCITES,	Dropsy in the belly, 54.
Ascites and anasarca,	DROPSY, 21.
Asphyxia,	Suspended animation; from what cause? 103.
Assassination,	KILLED BY DESIGN, 98.
Asthenia,	DEBILITY, 20.
ASTHMA,	Difficult breathing, 42.
Asthma from diseased spine,	Disease of the spine, 83.
Atony hæmorrhage, (vague,)	HEMORRHAGE, 23.
Atrophia,	ATROPHY, 18; Marasmus; Tabes.
ATROPHY,	Atrophia, wasting, decline, 18.
Atrophy senilia,	OLD AGE, 88.
Atrophy of the heart,	Wasting of the heart, 53.
Atrophy of the liver,	Wasting of the liver, 69.
Atrophy of the spleen,	Wasting of the spleen, 70.
Atrophy of the spinal marrow,	Disease of the spine, 83.
Atrophy of the stomach,	ORGANS, &c., 65.
Bedridden, (vague,)	What disease? Atrophy?
Bed-sores, (vague,)	What kind? ULCER? 85. MORTIFICATION, 26.

Bilious affection, (vague,)	DIARRHŒA? 4. CHOLERA? 1.
Bilious colic,	COLIC? 55. Ileus. CHOLERA? 1.
Birth, premature,	STILL-BORN, abortion, CHILD-BIRTH, 107.
Bite of a spider,	Wounds? POISONED? 102.
Bite of a rattlesnake,	POISONED? 103.
Black jaundice,	JAUNDICE, 68.
Black vomit,	HÆMORRHAGE? 23. CHOLERA? 1. Fever?
Bladder, disease of the,	What disease? CYSTITIS? 72.
Bladder, inflammation of the,	CYSTITIS, 72.
Bladder, irritation of the, (bad,)	CYSTITIS? 72. ORGANS, &c., 75.
Bladder, ulceration of the,	ORGANS, &c., 75.
Bladder, scirrhus of the,	19? 75?
Bleeding,	HEMORRHAGE, 23. From what part?
Bleeding from the bowels,	HEMORRHAGE, 23.
Bleeding at the lungs,	HEMORRHAGE, 23. Hæmoptysis, 50.
Bleeding at the nose,	HEMORRHAGE, 23. Epistaxis.
Bleeding at the stomach,	Hemorrhage, 23. Hæmatemesis, 65.
Bleeding at the umbilicus,	HEMORRHAGE, 23. Bleeding at the navel, 76?
Bleeding piles,	HEMORRHOIDS, 23? 65?
Blisters, effects of,	MALPRACTICE? 100.
Blood-vessel, rupture of a,	HEMORRHAGE, 23? What vessel?
Bloody flux,	DYSENTERY, 5.
Blows received in fighting,	Homicide, 98.
Blue disease,	Cyanosis. MALFORMATION, 26.
Bone, disease of the,	81.

"The joints, bones, and ligaments, are disorganized by inflammation, scrofula; affections to which the terms 'white swelling,' and 'disease,' are indiscriminately applied. Psoas abscess is a primary disease of the spine. It is almost invariably of a scrofulous nature."—*Farr.*

Bowels, complaints of the, (vague,)	65. What disease? DIARRHŒA? 4.
Bowels, disease of the, (vague,)	65. What disease?
Bowels, gangrene of the,	MORTIFICATION, 27.
Bowels, inflammation of the,	ENTERITIS, 57.
Bowels, intussusception of the,	INTUSSUSCEPTION, 60.
Bowels, involution of the,	INTUSSUSCEPTION, 60.
Bowels, mortification of the,	MORTIFICATION, 27.

Bowels, obstruction of the,	What cause? INTUSSUSCEPTION? 60.
Bowels, stricture of the,	65.
Bowels, ulceration of the,	63.
Brain, abscess of the,	17 and 41.
Brain, atrophy of the,	41.
Brain, concussion of the,	41.
Brain, congestion of the,	41.
Brain, compression of the,	41.
Brain, disease of the,	41.
Brain, latent disease of the,	
Brain, dropsy of the,	HYDROCEPHALUS, 37.
Brain, effusion of the,	HYDROCEPHALUS, 37.
Brain fever,	TYPHUS? 9. CEPHALITIS? 32.
Brain, gun-shot wound of the,	WOUNDS, 106.
Brain, injuries of the,	What injuries? 106.
Brain, irritation of the,	41.
Brain, melanosis of the,	41.
Brain, organic disease of the,	41. What disease?
Brain, suppuration of the,	CEPHALITIS? 32. Meningitis.
Breast, disease of the,	What disease? CANCER? 19.

Breast is sometimes improperly employed for chest, and hence gives rise to confusion. If a female it should be specified.

Breast, cancer of the,	CANCER, 19.
Breast, inflammation,	INFLAMMATION, 25.
Bright's disease,	Glandular disease of the kidney, 75.
Broken heart,	Mental distress.
Bronchi, disease of the,	BRONCHITIS, 43.
Bronchia, disease of the,	BRONCHITIS, 43.
Bronchial vein, rupture of the,	BRONCHITIS, 43.
Bronchial vein, inflammation,	BRONCHITIS, 43.
BRONCHITIS,	43. Inflammation of the air-tubes. Tracheitis.

Bronchitis is frequently a complication of emphysema, heart disease, or phthisis, and should, in such cases, be registered "Emphysema, Bronchitis," &c.

Bronchocele,	Wen. Goitre. SCROFULA, 28.
BURNS AND SCALDS,	89.
Bursting blood-vessels,	HEMORRHAGE, 23. What vessel?
Cachexia,	SCROFULOUS? 28. Cancerous, 19, 28.
Cachexy,	Same as above, 19, 28.
Calculus,	GRAVEL, stone, 73.
Calculus in bladder,	GRAVEL, stone, 73.
CANCER,	19. Carcinoma. State part affected.

There are three varieties. CANCER, *encephaloid;* cancer, scirrhus; and *cancer colloid.—Farr.*

Cancer, (encephaloid,)	Fungus hæmatodes.
Cancer, (scirrhus,)	Stem cancer, schuhama.
Cancer, (colloid,)	Gum cancer. Carcinoma alveolar.
Cancer of the breast,	19.
Cancer of the face,	19.
Cancer of the mouth,	19.
Cancer of the neck,	19.
Cancer of the ovaries,	79.
Cancer of the rectum,	65, 19.
Cancer of the spine,	83, 19.
Cancer of the stomach,	65.
Cancer of the tongue,	19.
Cancer of the uterus,	79.
Cancer and scirrhus,	19.
Cancerous,	19.
Cancerous humour,	19.
Caries, (vague,)	Ulceration of the bone. What bone? 81.
Caries of the ear,	SCROFULA? 28.
Caries of the hip,	*Disease of the hip*, 82.
Caries of the nasal bone,	SCROFULA? 28.
Caries of the spine,	Disease of the spine, 83.
Caries of the vertebræ,	83. Back bone. Spine.
Cancrum oris,	A fetid ulcer of the gums, 63? 85. Water canker.
Canker,	Ulceration of the mouth and throat, 63, 13?
Canker rash,	SCARLATINA, 13.
Canker in the bowels,	ULCERATION, 63.
Carbuncle,	Anthrax. Malignant boil, 87.
Carcinoma,	CANCER, 19.
Carcinoma uteri,	79.
Carditis,	Inflammation of the muscles of the heart, 52.
CASUALTIES,	90.

This term is introduced into the classfied list, but the record should specify what kind of casualty.

Catalepsy,	Species of apoplexy, 31.
Catamenia,	Menstruation. PARAMENIA, 78. Derangement of health.
Catarrh,	Cold. INFLUENZA? 11.
Cephalæa, (vague,)	*Cephalitis*? 32.
CEPHALITIS,	32.

"This term may be employed to designate the inflammation in the head, when inflammation affects both the membranes and substance of the brain, or when the diagnosis is uncertain."—*Farr.*

Meningitis, or inflammation of the membranes of the brain; *encephalitis*, or inflammation of the substance of the brain; and *myelitis*, or inflammation of the spinal marrow, are varieties of nervous inflammations.

Cephalalgia,	Headache, 32 ?
Cerebral irritation, (vague,)	41.
Cerebral spinal irritation, (vague,)	83.
Chest, disease of the, (vague,)	What disease? what part ?
Chest, effusion of the,	HYDROTHORAX, 45. DROPSY, 21.
Chicken-pox,	SMALL-POX, 14.
Child-bed,	CHILD-BIRTH, 76.
Child-bed, diseases of, (vague,)	CHILD-BIRTH, 76? PUERPERAL FEVER, 77 ?
CHILD-BIRTH,	76.
Chilblains,	Frostbite ? Frozen ? 95.
Chincough,	HOOPING-COUGH? 10.
Chlorosis,	Green sickness. Retention of the menses, 78.
CHOLERA,	CHOLERA, 1.
Cholera, bilious and common,	CHOLERA, 1.
Cholera biliosa,	CHOLERA, 1.
CHOLERA INFANTUM,	2. CHOLERA, or summer complaint of children.
Cholera, epidemic,	CHOLERA, 1. Asiatic cholera.
Cholera, malignant,	Epidemic cholera, 1. CHOLERA.
Cholera morbus,	CHOLERA, 1.
Cholera, spasmodic,	Asiatic cholera, 1.
CHOREA,	33. St. Vitus's dance. Tarantism.
Chorea Sancti Viti,	CHOREA, 33.
Chronic inflammation, (vague,)	INFLAMMATION, 25. How manifested ?
Chronic diarrhœa,	DIARRHŒA, 4.
Chronic dysentery,	DYSENTERY, 5.
Chronic disease of the stomach, (vague,)	65. What disease ?
Chronic pleurisy,	PLEURISY, 47.
Cirrhosis,	Tuberculated liver. Drunkard's liver, 99 ? 69 ?
Colic, or cholic,	Ileus. Inflammation of the bowels, 55.
Colic, bilious and common,	Colic, 55.
Colic, painter's,	Lead colic. Colic of Pictou, 55.
Colic, pectorus,	Painter's colic. 55.
Colica ileus,	COLIC, 55.
Colica pictonum,	Painter's colic, 55. Colic of Pictou.
Cold, exposed to,	FROZEN, 92.
Cold water, drinking of,	HEATED, 94.
Colon, ulceration of the,	ULCERATION, 63.
Coma, (vague,)	Lethargy. Stupor, 41.
Compression of the brain, (vague,)	From what disease ? 41.

Complaint of the heart, (vague,)	*Organs, &c.*, 53.
Complication of diseases, (vague,)	What disease? what complication?
Concussion of the brain,	From what cause? 41.
Concussion of the spine, (bad term,)	From what cause? 83.
Concussion of the spinal marrow, (bad term,)	Same as above.
Congenital deformity,	MALFORMATION from birth.
Congenital hernia,	HERNIA from birth.
Congestion of the brain,	*Organs, &c.*, 41.
Congestion of the liver,	*Disease of the liver*, 69.
Congestion of the lungs,	Pulmonary apoplexy, 50.
Congestion of the lungs, pulmonary,	
CONSUMPTION,	Phthisis. Phthisis pulmonalis, 44.

"In *phthisis* the lungs are the most important seat of the deposit and the disease, which are not, however, confined to those organs, but also affect the mesenteric glands, the liver, the kidneys, the mucous and serous membranes. Perforation of the intestine, or of the pleura, is sometimes the immediate cause of death in phthisis. Such cases should be registered, 'Phthisis—perforation of the ileum,' &c. All the important secondary diseases in phthisis should be registered in a similar manner. Hypertrophy, dilatation, contraction of the air tubes, are absurd in phthisis. The lung is liable to be the seat of hemorrhage, dropsy, œdema, cancer, and tubercle."—*Farr.*

Tubercular phthisis,	CONSUMPTION, 44.
Consumption, pulmonary,	CONSUMPTION, 44.
Consumption of the lungs,	CONSUMPTION, 44.
Consumption of the blood,	CONSUMPTION, 44. Anemia.
Constipation,	COLIC, 55.

"Constipation sometimes gives rise to, and is sometimes caused by ileus. *Colic* is rarely fatal unless it terminates in ileus."—*Farr.*

Contusio, (bad,)	What effect? what produce?
Contusion, (bad,)	Where and what effect? or what organ?
Contusion of the abdomen, (bad,)	What injury? what disease?
CONVULSIONS,	34. Spasms. Fits.

When convulsions occur in the course of other diseases, such, for instance, as diarrhœa, or are excited by teething, the cause of death should be registered, "*Diarrhœa—convulsions*," or "*Teething—convulsions.*"

Convulsions, puerperal,	34.
Corn,	How did it produce death? 87.
Coup de soleil,	Stroke of the sun. Sun struck, 41.
Coryza maligna,	Catarrh. BRONCHITIS? 43.
Costiveness,	DYSPEPSIA, 56. Constipation of the bowels.
Coxalgia,	Pain in the hip, 82.

Cramp,	CONVULSIONS, 34.
Cramp cholera,	CHOLERA, 1.
Cramp cholic,	COLIC, 55.
Cramp of the stomach,	COLIC, 55? 65?
Croup,	Cynanche trachealis. Hives,(bad,) 3.
Crusta lactea,	Scalled head. Eczema. Humid tetter, 87.
Curvature of the spine,	*Disease of the spine*, 83. MALFORMATION, 25.
Cutanei, (vague,)	Cutaneous diseases. Of what kind? 87.
Cynanche, (vague,)	Disease of the throat. QUINSY? LARYNGITIS?
Cynanche laryngea,	LARYNGITIS, 46.
Cynanche maligna,	SCARLATINA, 13.
Cynanche parotid,	MUMPS.
Cynanche tonsillaris,	QUINSY, 49.
Cynanche trachealis,	CROUP, 3.
Cyanosis,	Blue disease. *Malformation*, 26.
CYSTITIS,	72. Inflammation of the bladder.
Death by blows,	Homicide? 98. What cause?
Death by cold,	FROZEN, 92.
Death by lightning,	LIGHTNING, 99.
Death by opium,	POISONED, 102.
Death by stabs,	Homicide, 98.
Death by violence, (vague,)	Homicide? 98. WOUNDS? 106.
Debauchery, (bad,)	INTEMPERANCE, 96.
DEBILITY,	Low vitality, 20.

This term is permitted in the classification, though it should not be used in the registry when the specific disease can be ascertained which caused the debility. See note under Atrophy.

Debility and decay,	20. Should not be used in connection.
Debility from birth,	Low vitality. Low vital tenacity.

This term is recommended to designate the unknown cause of the deaths occurring shortly after birth.

Decay, (vague,)	Decline. What disease? 18.
Decay of nature, (vague,)	Marasmus? ATROPHY? 18.
Decline, (vague,)	From what? ATROPHY? 18. CONSUMPTION, 44.
DELIRIUM TREMENS,	Mania a potu, 35. Intemperance, 96.
Delirium with trembling, (bad,)	DELIRIUM TREMENS, 35.
Dementia,	INSANITY, 38. Madness. Idiocy.
Dentitio,	TEETHING, 62. Dentition. Cutting teeth.
Destitution,	Starvation. STARVED, 104.
DIABETES,	Sugar in the urine, 71.

Diaphragmitis,	
Diarrhœa,	4. Looseness. Purging. Bowel complaint.

When the diarrhœa occurs in the course of typhus, consumption, or other diseases, the death should be registered under those heads.

Diarrhœa, acute,	4. See Rule, p. 135.
Diarrhœa, chronic,	4. See Rule, p. 135.
Diffusion, (vague,)	Of what? what disease?
Dilatation of the heart,	*Aneurism*, 51.
Disease,	

The word "*disease*" is used in connection with the classes affecting particular organs, for the purpose of including such cases as could not properly come under any other name in the class. It should, however, be used in the registry as seldom as possible. The specific kind of disease should be preferred to be inserted. The part affected is seldom known, while the nature of the disease cannot be ascertained in such cases. '*Diseases of the*' part is properly applied.

Disease of the aorta,	What disease? 53.
Disease of the bladder,	65.
Disease of the digestive organs,	
Disease of the nervous organs,	41.

If *neuralgia*, *ophthalmia*, *otitis*, &c., should produce death, they should be so registered, and might be classed in the abstract under this head.

Disease of the chest,	What part? What kind? 50.
Disease of children, (vague,)	*Infantile diseases?* 24. What kind?
Disease of the ear,	41? Inflammation? what?
Disease of the eye,	41? What disease?
Disease of the glands, (vague,)	What disease? What gland?
Disease of the heart,	53.
Disease of the knee,	*Disease of the joints*, 81.
Disease of the knee-joint,	Same, 81.
Disease of the larynx,	Laryngitis, 46.
Disease of the liver,	69.
Disease of the lungs,	PNEUMONIA? 98. CONSUMPTION? 44, 50?
Disease of the mesentery,	ATROPHY, 18.
Disease of the neck, (vague,)	What kind?
Disease of the prostate gland,	79.
Disease of the rectum,	65.
Disease of the spleen,	70.
Disease of the spine,	83.
Disease of the stomach,	65.
Disease of the throat,	SCARLATINA? 13. SYPHILIS? 15.
Disease of the throat and chest,	What? 65?
Disease of the uterus,	79.
Disease of the windpipe,	50.

Diseased scapula,	
Diseased spine,	83.
Dislocation of the neck,	FRACTURES, 94.
Disorder of the mesentery glands,	Tabes mesenteria. ATROPHY, 18.
Disorders of the heart,	53.
Disorders of the kidneys,	75.
Dysuria,	From what cause? 79.
Dysury,	Same.
Diuresis,	Excessive secretion of urine not containing sugar.
Divine Providence,	How manifested?
Drinking cold water,	HEATED.
Drinking spirits,	94.
Drinking oil vitriol,	POISONED, 102.
Dropsical diseases,	DROPSY, 21.
DROPSY,	21. Anasarca. Œdema.

Whenever dropsy is positively known by its symptoms, or by post-mortem examination, to have occurred in a particular part or organ, as the head, heart, lungs, &c.; or after scarlatina or other disease, it should be so registered, and referred to those parts, and these diseases; otherwise the term dropsy should alone be used.

Dropsy, abdominal,	ASCITES? 54. HYDROTHORAX? 45.
Dropsy of the abdomen,	ASCITES? 54. HYDROTHORAX? 45.
Dropsy of the brain,	HYDROCEPHALUS, 37.
Dropsy of the breast,	Does breast mean lungs or heart? 54, 45?
Dropsy of the chest,	ASCITES? 54. HYDROTHORAX? 45.
Dropsy of the head,	HYDROCEPHALUS, 37.
Dropsy of the heart,	Hydropericardium, 53.
Dropsy of the ovarium,	Ovarian dropsy, 79.
Dropsy of the pericardium,	Water in the pericardium, 52.
Dropsy of the peritoneum,	HYDROTHORAX? 45. ASCITES? 54.
Dropsy of the pleura,	PLEURISY, 47.
Dropsy of the spine,	*Disease of the spine*, 83.
Dropsy of the uterus,	79.
Drowned,	Tympanitis, 56. DYSPEPSIA?
Drum-belly,	
Dry belly, (vague,)	What disease? COLIC? 55.
Drunkard's liver,	Cirrhosis. Tuberculated liver, 99.
Drunkenness,	INTEMPERANCE, 99.
Dysenteria,	DYSENTERY, 5.
DYSENTERY,	Flux. Bloody flux. Dysenteria, 5.
Dysentery, acute,	DYSENTERY. See Rule V, p. 25.
Dysentery, chronic,	Same, 5.

Dysentery and hydrocephalus,	DYSENTERY, 5.

In all cases where two diseases occur to produce death, the 4th rule, p. 135, should be observed in making the records.

Dysentery and pertussis,	DYSENTERY, 5? HOOPING-COUGH, 10?
Dysentery and typhus,	TYPHUS FEVER, 9.
Dysmenorrhœa,	PARAMENIA, 78. Painful menstruation.
DYSPEPSIA,	Indigestion, 56.
Dysphagia,	Difficulty of swallowing, 65.
Dyspnœa,	Difficult breathing. ASTHMA, 42.
Dysuria,	From what cause? 75.
Ear, diseases of the,	41.
Ear, inflammation of the,	41.
Effects of heat,	HEAT, 91.
Effects of salivation,	MALPRACTICE? 100.
Effects of tartar emetic,	MALPRACTICE? 100.
Effusion, (vague,)	DROPSY? 21. Of serum? of blood?
Effusion in the brain,	HYDROCEPHALUS, 37.
Effusion in the dengue,	INFLUENZA? 11.
Effusion in the lungs,	HYDROTHORAX, 45.
Effusion of the lungs and brain,	HYDROTHORAX? 45. HYDROCEPHALUS? 37.
Emaciation,	DEBILITY, 20. From what cause?
Emaciation, general,	Same.
Emaciation, pulmonary,	CONSUMPTION, 44.
Empyema,	Internal abscess. PLEURISY, 47.
Empymoenia,	PLEURISY, 47. For empyema?
Emphysema,	Air in the cellular tissue, 42.
Emphysema of the lungs,	Air in the lungs. ASTHMA, 42.
Encephalitis,	Inflammation of the substances of the brain, 32.

See note under Cephalitis.

Endocarditis,	Inflammation of the internal membrane of the heart, 52.
Enlargement of the breast,	What disease? What cause?
Enlargement of the heart,	53.
Enlargement of the mesentery glands,	65.
Enlargement of the spine,	83.
Enlargement of the spleen,	70.
ENTERITIS,	57. Inflammation of the internal coats and glands of the intestines.
Entoria, (bad,)	What disease? Entomia
Epidemic catarrh,	INFLUENZA, 11.
Epidemic cholera,	CHOLERA, 1.

EPILEPSY,	Falling sickness. Epileptic fit, 36.
Epistaxis,	Bleeding at the nose. HEMORRHAGE, 23.
Eruptions, (vague,)	What disease? 87.
Eruptive diseases, (vague,)	What kind? 87.
ERYSIPELAS,	St. Anthony's fire. Rose. Ignis sacer, 6.
Exanthema,	Eczema? 87.
Excess of heat, (bad,)	HEAT, 94.
Excess of cold, (bad,)	FROZEN, 92.
EXECUTED,	91.
Exostosis,	Tumour of the bone, 81.
Exposure, (vague,)	To what? what effect?
Exposure to cold, (bad,)	FROZEN, 95.
Exposure to cold water, (bad,)	Cold water after heat? 91. DROWNED? 92.
Exposure to heat and drinking,	Drinking cold water, 91.
Extra-uterine fœtation,	CHILD-BIRTH, 75. Malformation? 26.
Fainting,	Syncope, 53. From what cause?
Fall, (vague,)	What injury? Wound? Fracture?
Falling sickness,	EPILEPSY, 36.
Fallopian tubes, bursting of the,	CHILD-BIRTH, 75.
Fatigue and exposure to fire,	BURNS and SCALDS, 89.
Feebleness at birth,	See note under DEBILITY, 20.
Febris infantum,	What fever? CHOLERA INFANTUM? 2.
Fever,	What kind? Typhus, 9.

The term *fever* is often applied indefinitely, as the great variety of names used, and given below, indicate. Authors differ in their views regarding a proper nomenclature of fevers. We have followed the English classification as on the whole most simple. See Enyclopædia of Medicine, and Lee's Notes to Copeland's Dictionary.

Fever, adynamic,	TYPHUS, 9.
Fever and ague,	INTERMITTENT FEVER, 7.
Fever, anomalous, (bad,)	
Fever, artaric,	Nervous fever. TYPHUS, 9.
Fever, bilious,	ENTERITIS, 57.
Fever, bilious intermittent,	INTERMITTENT FEVER, 7.
Fever, bilious remittent,	REMITTENT FEVER, 8.
Fever, biliosa,	ENTERITIS, 57.
Fever, brain,	CEPHALITIS, 32.
Fever, catarrhal,	INFLUENZA, 11.
Fever, child-bed,	PUERPERAL, 77.
Fever, congestive,	TYPHUS, 9.
Fever, continued,	TYPHUS, 9.
Fever, country,	TYPHUS, 9.
Fever, dengue,	INFLUENZA, 11.
Fever, eruptive, (vague,)	What kind?

Fever, gastric,	GASTRITIS, 58.
Fever, gastrica,	GASTRITIS, 58.
Fever, hectic,	CONSUMPTION, 44.
Fever, infantile remittent,	REMITTENT FEVER, 8.
Fever, infantum,	CHOLERA INFANTUM? Infantum disease, 24.
Fever, inflammatory,	TYPHUS, 9.
Fever, insolated,	What kind?
FEVER, INTERMITTENT,	7. Fever ague.

"It should be stated whether the ague was quotidian, tertian, or quartan."—*Farr.*

Fever, icterodes,	TYPHUS, 9.
Fever, jail,	TYPHUS, 9.
Fever, lung,	PNEUMONIA.
Fever, malignant,	What kind? TYPHUS? Yellow?
Fever, miliaria,	TYPHUS, 9. Miliary fever.
Fever, miliary,	TYPHUS, 9.
Fever, mesenteric,	ENTERITIS, 57.
Fever, nervous,	TYPHUS, 9.
Fever, pamonic,	Pulmonic? CONSUMPTION? 44. PNEUMONIA, 48.
Fever, peritonical,	PERITONITIS, 61.
Fever, pleuridy,	PLEURISY, 47.
Fever, pulmonic,	PNEUMONIA, 48.
FEVER, PUERPERAL,	77.
Fever, putrid,	SCARLATINA? 13.
FEVER, REMITTENT,	8. REMITTENT FEVER.
Fever, rheumatic,	RHEUMATISM, 80.
Fever, scarlet,	SCARLATINA, 13.
Fever, slow,	TYPHUS? 9.
Fever, spotted,	SCARLATINA, 13.
Fever, strangers',	TYPHUS? 9.
Fever, synocha,	TYPHUS? 9.
Fever, synochus,	TYPHUS? 9.
Fever, typhoid,	TYPHUS? 9.
Fever, typhoidus,	TYPHUS? 9.
Fever, typhoides pneumonia,	TYPHUS? 9? PNEUMONIA? 48?
Fever, TYPHUS,	9. Typhus fever. See note under fever.
Fever, typhus gravior,	TYPHUS, 9.
Fever, unknown,	Why not?
Fever, worm,	WORMS, 64.
Fever, yellow,	REMITTENT FEVER?
Fits, (vague,)	What kind?
FISTULA,	84.
Fistula in ano,	84.
Fistula in urethra,	After child-birth or abortion, 76.
Flooding,	
Flox, (vague,)	Floxitatis? Probably for *flux.*
Flux,	DYSENTERY, 5.

Flux, bloody,	DYSENTERY, 5.
Found dead,	What cause?
FRACTURE,	94.
Fracture, compound,	94.
Fracture of the leg,	94.
Fracture of the jaw,	94.
Fracture of the neck,	94.
Fracture of the ribs,	94.
Fracture of the skull,	94.
Fracture of the spine,	94.
Fracture of the thigh,	94.
Fracture of the vertebræ,	94.
Fright,	From what cause?
Flooding,	PARAMENIA? 78. Excessive menstruation? Uterine hemorrhage.
From lightning,	99.
Frost,	FROZEN, 92.
Frost bite,	FROZEN, 92.
FROZEN,	92.
Frozen to death,	92.
Fungus,	TUMOUR, 30. Where situated?
Fungus of the bladder,	75.
Fungus hematodes,	SCROFULA? 30? 28?
Fungous tumours,	TUMOUR, 30.
Gall stones,	GRAVEL, 73. Chololithus, Biliary Calculus.
Gangrene,	MORTIFICATION, 27.
Gangrene of the bowels,	MORTIFICATION, 27, 65?
Gangrene of the feet,	MORTIFICATION, 27, 65?
Gangrene of the hips,	MORTIFICATION, 27, 82?
Gangrene of the legs,	MORTIFICATION, 27.
Gangrene of the mouth,	MORTIFICATION, 27, 65.
Gangrene of the throat,	MORTIFICATION, 27.
Gangrenous sore throat,	MORTIFICATION, 27. SCARLATINA, 13.
Gastrodynia,	41? GASTRITIS? 58.
Gastro-enteritis,	Acute inflammation of the mura medulla of the stomach and bowels. GASTRITIS, 58.
Gastralgia,	GASTRITIS, 58. Pain in stomach.
GASTRITIS,	58. Inflammation of the internal coats of the stomach.
Gelatus, (bad,)	What disease?
General debility,	DEBILITY, 20.
GLANDERS,	96. Poison taken from a diseased horse.

It may be stated how the disease was contracted.

Glossitis,	Inflammation of the tongue, 65.
Glottis, spasm of the,	CONVULSIONS, 34. Spasms.
Goitre,	SCROFULA, 28.

Gonorrhœa,	SYPHILIS, 15. Clap.
GOUT,	22. Podagra. State part affected.
Gout in the stomach,	GOUT, 22.
Granular disease,	75. Of kidneys.
GRAVEL,	73.
Gravel and stone, (bad,)	73.
Graviditas,	79.
Graviditas, extra uterina,	79.
Green sickness,	Chlorosis. PARAMENIA, 78.
Hæmatemesis,	HEMORRHAGE from the, 23.
Hæmaturia,	79.
Hæmatemysis,	For hæmatemesis from the, 23.
HEMORRHAGE,	23. Bleeding. Rupture of a blood-vessel.

Varieties of hemorrhage may be distinguished in the register, such as epistaxis, hæmoptysis, hæmatemesis, melena, hemorrhoids, hæmaturia, menorrhagia, &c.

The part or organ from which the hemorrhage comes should be registered as "Hemorrhage from the ———."

Hemorrhagia, stomica,	Bleeding from the stomach. Hæmatemesis, 23.
Hemorrhage from the bladder,	75.
Hemorrhage from the bowels,	Melæna? Piles? 23.
Hemorrhage from the lungs,	Consumption? Hæmoptysis, 23.
Hemorrhage from the stomach,	Hæmatemesis, 23.
Hemorrhage from the umbilical arteries,	Bleeding from the navel, 23? 76?
Hemorrhage from the uterus,	CHILDBIRTH, 76.
Hanged,	EXECUTED, 91.
Heart, disease of the,	53. Specify the diseases.
Heartburn,	Cardialgia. Acid in the stomach, 65.
Heart, dilatation of the,	ANEURISM, 51.
Heart, dropsy of the,	DROPSY? 21, 53?
Heart, enlargement of the,	Hypertrophy of the, 53.
Heart, hypertrophy of the,	Enlargement of the, 53.
Heart, inflammation of the,	PERICARDITIS, 52.
Heart, organic affection,	What affection? 53.
Heart, polypus of the,	TUMOUR, 30? 53?
Heart, rheumatism of the,	RHEUMATISM, 80? 53?
Heart, rupture,	53.
Heart, spasm,	Angina pectoris? 53.
Head, injury of the,	What injury? How? 107.
Heat, excessive,	HEAT, 4.
Heaves,	Hives? bad term.
Hemiplegia,	PARALYSIS, 39.
Hemiplises, (bad,)	What disease?
Hemorrhoids,	Piles. Bleeding piles, 24? 65?
Hepatic disease,	HEPATITIS, 67.
HEPATITIS,	67. Inflammation of the liver.

Hepatitis, acute,	67. See Rule V, p. 135.
Hepatitis, chronic,	67. See Rule V, p. 135.
HERNIA,	59. Rupture.

Record the kind, whether "congenital, femoral, inguinal, or umbilical."—*Farr.*

Hernia, umbilical,	41.
Hernia of the brain,	
Hernia, strangulated,	59.
Herpes,	Tetter. Shingles, 87.
Hip complaint,	82. See note under bone.
Hip, disease of the,	82. See note as above.
Hip joint, disease of,	82. See note as above.
Hives, (used for different diseases,)	CROUP, 3? 87? Bad term.
HOOPING-COUGH,	Pertussis. Chincough, 10.
HYDROCEPHALUS,	Water on the brain, 37.
Hydropericardium,	Dropsy, 21? 53?
HYDROPHOBIA,	97. From bite of rabid animals.

The time which elapses between the bite of the rabid animal and the death of the patient, should be mentioned.

Hydrorachitis,	Dropsy of the spine, 83.
Hydrops ovarii,	Ovarian dropsy, 79.
Hydrops pericardia,	Dropsy of the pericardium. *Pericarditis*, 52.
Hydrops uteri,	Dropsy of the uterus, 79.
Hydrothorax,	45. Dropsy in the chest.
Hydrothorax and anasarca,	45.
Hospital gangrene,	Epidemic mortification, 27.
Hypertrophy of ———,	Enlargement, (add the organ affected.)
Hypertrophy of the heart,	Enlargement of the heart, 53.
Hypertrophy of the ventricle,	Same, 53.
Hypertrophy of the liver,	HEPATITIS? 57, 69?
Hypertrophy of the tonsils,	From what cause? 65?
Hypochondritis,	Melancholy. INSANITY. Hypochondria.
Hysteria,	Hysterics. Hysteric fit, 36? 78?
Hysterica,	Same as hysteria.
Hysterics,	Same as hysteria.
Hysteritis,	Inflammation of the uterus.
Hysturalgia,	
Icterus,	JAUNDICE, 68.
Icteric inflammation,	JAUNDICE? 68. HEPATITIS? 67.
Ilia,	Ileus, COLIC, 55, in the small intestines.
Iliac passion,	Ileus, COLIC, 55.
Ileus,	COLIC, 55.
Imperforated anus,	MALFORMATION, 26.
Inanition, (bad term,)	Emptiness. What cause?

Inchuria,	Ischuria?
Incarcerated hernia,	INTUSSUSCEPTION? 60. Hernia, 59.
Inebriety,	*Intemperance*, 99.
Indigestion,	DYSPEPSIA, 56.
Infanticide,	Homicide, 98.
Infantile diseases,	24. See Rule V, p. 135, and note under Debility.

Whenever known the mean disease should be stated.

Infantile complaints,	Same as Infantile Diseases.
Impetigo,	Crusted tetter, 87.
INFLAMMATION, (vague,) See Rule II, p. 134.	25.

"Inflammation may take place in any part of the living body; and the parts affected should be registered in precise terms. It will be observed that inflammation of a part is generally denoted by the termination 'itis;' thus periton*itis* is inflammation of the peritoneum." —*Farr*. Whenever the word is used the part affected should be added.

Inflammation, glandular, (vague,)	SCROFULOUS? 28.
Inflammation of the abdomen, (vague,)	PERITONITIS? 61. ENTERITIS? 57.
Inflammation of the absorbents, (vague,)	Phlebitis? 67 or 76?
Inflammation of the air tubes,	BRONCHITIS, 43.
Inflammation of the aorta,	Arteritis, 53.
Inflammation of the bladder,	CYSTITIS, 72.
Inflammation of the brain,	CEPHALITIS, 32.
Inflammation of the brain, chronic,	CEPHALITIS, 32. See Rule V, p. 135.
Inflammation of the brain, acute,	CEPHALITIS, same.
Inflammation of the breast, (vague,)	PNEUMONIA? 48. Female breasts? 76.
Inflammation of the bowels,	ENTERITIS, 57.
Inflammation of the bowels, chronic,	See Rule V, p. 135.
Inflammation of the bowels, acute,	Same.
Inflammation of the membranes of the bowels,	ENTERITIS, 57.
Inflammation of the bowels with tubercles,	ENTERITIS, 57.
Inflammation of the bronchi,	BRONCHITIS, 43.
Inflammation of the carotid artery,	Aneurism? 51.
Inflammation of the chest, (vague,)	PNEUMONIA? 48. PLEURISY? 47. PERICARDITIS.
Inflammation of the cellular tissue,	Phlegmon, 87.
Inflammation of the colon,	DYSENTERY? 5.

Inflammation of the diaphragm,	PNEUMONIA? 48. PLEURISY? 47.
Inflammation of the ear,	Otitis, 41.
Inflammation of the eyes,	Ophthalmia, 41.
Inflammation of the face, (vague,)	ERYSIPELAS? 6.
Inflammation of the heart,	PERICARDITIS, 52.
Inflammation of the structure of the heart,	Endocarditis, 52.
Inflammation of the internal muscles of the heart,	Carditis, 52.
Inflammation of the intestinal canal,	ENTERITIS, 57.
Inflammation of the intestines,	ENTERITIS, 57.
Inflammation of the joints,	81.
Inflammation of the kidney,	NEPHRITIS, 74.
Inflammation of the knee,	81.
Inflammation of the larynx,	LARYNGITIS, 46.
Inflammation of the liver,	HEPATITIS, 67.
Inflammation of the liver, chronic,	HEPATITIS, 67. See Rule V, p. 135.
Inflammation of the lungs,	PNEUMONIA, 48.
Inflammation of the mouth,	Stomatitis, 65.
Inflammation of the mucous membrane,	What membrane?
Inflammation of the neck, (vague,)	Mumps? Scrofula? 28.
Inflammation of the œsophagus,	Œsophagitis, 65.
Inflammation of the pleura,	PLEURISY, 17.
Inflammation of the peritoneum,	PERITONITIS, 61.
Inflammation of the peritoneum and pleura,	PERITONITIS, 61.
Inflammation of the pericardium,	PERICARDITIS, 52.
Inflammation of the pharynx,	Œsophagitis, 65.
Inflammation of the scrotum,	What cause? 65.
Inflammation of the stomach,	GASTRITIS, 58.
Inflammation of the internal muscles of the stomach and bowels,	GASTRITIS? 58. ENTERITIS? 57.
Inflammation of the spleen,	70.
Inflammation of the spinal marrow,	82.
Inflammation of the spine,	82.
Inflammation of the throat,	QUINSY? 49. What cause?
Inflammation of the tongue,	Glottitis, 65.
Inflammation of the tonsils,	QUINSY, 49.
Inflammation of the trachea,	BRONCHITIS? 43.
Inflammation of the umbilical vein,	ANEURISM, 51.
Inflammation of the uterus,	Hysteritis? 79. CHILDBIRTH? 76.
Inflammation of the veins,	PHLEBITIS, 53.
Inflammation of the womb,	CHILDBIRTH? 76, 79.
Inflammatio,	INFLAMMATION, 25.
Inflammatory catarrh,	BRONCHITIS, 43.

INFLUENZA,	11. Catarrh. Epidemic catarrh.
Inhaling ether,	100.
Injuria, (vague,)	What injury? See Rule II, p. 134.
Injury of the abdominal viscera, (bad,)	What part? What injury?
Injury of the abdomen,	What kind? (Vague.)
Injury of the brain,	What kind? Wounds, 107.
Injury of the conical vertebræ, (vague,)	
Injury of the heart and brain, (vague,)	
Injury of the hips, (vague,)	
Injury of the spine, (vague,)	
Injury of the peritoneum, (vague,)	
INSANITY,	38.
INTERMITTENT FEVER,	7.
Intestines, abscess of the,	ABSCESS, 17, 65?
Intestines, mortification of the,	MORTIFICATION, 27, 65?
Intestines, strictures,	Intussusception? 60, 65.
Introsusception,	INTUSSUSCEPTION, 60. Stoppage.
Intoxication,	INTEMPERANCE, 99.
Intussusception,	60. Stoppage.

Invagination of the bowel. A part of the bowel introduced into the part below.

Iritis.	
Irritatis spinalis, (vague,)	*Disease of the spine*, 83.
Irritation of the bowels, (bad,)	65.
Irritation of the brain, (bad,)	41.
Irritation of the intestines, (bad,)	65.
Irritation of the spine, (bad,)	83.
Irritation of the spinal marrow, (bad,)	83.
Irritation of the stomach, (bad,)	65.
Ischuria,	Suppression of the secretion of the urine, 75.
JAUNDICE,	68. Icterus.

Jaundice may arise when the bile is retained undecomposed in the blood; from obstruction of the ducts; from gall stones, or congestion, inflammation, and deposits in the liver. The cause of jaundice should be recorded. When jaundice terminates in apoplexy it should be so registered.

Jaw, tumour of the,	TUMOUR, 30.
Kidney, disease of the,	75.
Kidney, ulceration of the,	75.
KILLED,	State by what cause. Design or accident, and the facts, 79? 98?
Killed by upsetting a wagon,	CASUALTY, 97.
Killed in a bark mill,	CASUALTY, 97.

King's evil,	SCROFULA, 28.
Knee joint, fungus of the,	81.
Laceration and scurvy, (bad,)	Purpura.
Laceratis, (bad,)	What for? Of what organ? same.
Laryngeal phthisis,	LARYNGITIS? 46. CONSUMPTION? 49.
Laryngitis,	46. Inflammation of the larynx.

Chronic laryngitis, or ulceration of the larynx is very rarely a primary disease. It occurs in phthisis, syphilis, and cancer, and should be registered accordingly.

Larynx, ulceration of the, (vague,)	What disease?
Laudanum to excess,	POISONED, 103.
Lead colic,	Colic of Poictou. Painter's colic, 55.

This is one of the results of poisoning by lead.

Leg, mortification of the,	MORTIFICATION, 27.
Leg, disease of the, (vague,)	What disease?
Leprosy,	Psoriasis, 87.
Lethargy,	From what cause? 41?
Leucorrhœa,	Whites. Fluor albus, 79
LIGHTNING,	99.
Lightning, effects of,	99.
Liver, complaint of the,	69.
Liver, congestion of the,	69.
Liver, disease of the,	69.

To be used when the nature of the disease is not known.

Liver, dropsy of the,	69.
Liver, enlargement,	Hypertrophy of the liver, 69.
Lock jaw,	TETANUS, 40.
Looseness,	DIARRHŒA, 4.
Lost at sea,	DROWNED? 92. CASUALTY, 90.
Lues, venereal,	SYPHILIS, 15. Venereal disease.
Lumbar abscess,	ABSCESS, 17. SCROFULA, 28.
Lungs, disease of the,	50.
Lungs, congestion of the,	50.
Lungs, effusion in the,	50.
Lungs, gangrene of the,	MORTIFICATION, 27.
Lungs, mortification of the,	MORTIFICATION, 27.
Lungs, œdema of the,	Tumefaction of the lungs, 50.
Lungs, paralysis,	PARALYSIS? 39, 50.
Lungs, ulceration,	CONSUMPTION, 44.
Lupus,	Ulceration of the face. Syphilis? 15. Ulceration? 85.
Madness,	Mania. INSANITY, 38.
Malignant sore throat,	SCARLATINA, 13.
Mania,	INSANITY, 38.
Mania à potu,	DELIRIUM TREMENS, 35.
Mania puerperal,	PUERPERAL FEVER, 77.

MALFORMATION,	26.

Cyanosis, spina bifida, imperforated anus, and some other kinds of malformation may be recorded. The kind should be specified in the registry.

Malformation of the brain,	26.
Malformation of the heart,	26.
Malignant disease,	Dangerous disease. What disease?
Manslaughter,	Homicide, 98.
Marasmus,	Atrophy, 18.
MEASLES,	Rubeola, 12. Morbilli.
Measles followed by pneumonia,	PNEUMONIA? 12? 48? Rule V, p. 135.
Measles followed by consumption,	CONSUMPTION, 12? 44? Rule V, p. 135.
Medulla oblongata, disease of the,	*Spine, disease of the*, 83.
Medullary sarcoma, (bad,)	TUMOUR, 30.
Medullary fungus,	TUMOUR, 30.
Melancholy,	INSANITY, 38.
Melæna, (bad,)	DYSENTERY? 5. HEMORRHAGE? 23.
Meningeal abscess,	Abscess of the brain, 41.
Meningitis,	Inflammation of the membranes of the brain, 32.

See note under cephalitis.

Meningitis, tubercular,	
Menorrhagia,	PARAMENIA, 78. Menstruation.
Menorrhagia, tubercular,	Same.
Menstruation,	PARAMENIA, 78.
Mesenteric disease,	ATROPHY. Tabes mesenterica, 18.
Metastasis,	
Metritis,	What disease?
Milk fever,	Hysteritis? after delivery?
Miscarriage,	CHILDBIRTH, 76. See abortion.
Mollities ossium,	Softening of the bone.
Monomania,	INSANITY, 38.
Morbus cæruleus,	Cyanosis. Blue disease, 26.
MORTIFICATION,	27. Gangrene. Sphacelus. Sloughing.

The cause when known and part affected should be stated.

Mortification of the arm,	27.
Mortification of the bowels,	27. After hernia.
Mortification of the hand,	27.
Mortification of the leg,	27.
Mortification of the lungs,	27? PNEUMONIA? 48.
Mortification of the mouth,	27? 65?
Mortification of the stomach,	27? 65?
Mortification of the throat,	27? 65?
Mouth, ulceration of the, (vague,)	What cause?
Morbus coxarius, (bad,)	Hip, disease of, 82.

Morbus pancreas,	Disease of the pancreas, 66.
Morbus regius, (bad,)	JAUNDICE, 68.
Mumps,	Cynanche parotidia. Parotitis.
Murdered,	Killed by design.
Myletus,	Myelitis? Inflammation of the spinal marrow.
Nasal polypus,	TUMOUR, 30.
Necrosis,	Death of the bone, 81.
Necrosis of the thigh bone,	81.
NECUSIA.	Poison taken from a dead body, 101.

"This dangerous disease is produced by puncture or infection in dissection, inoculation with the matter of a dead body."—*Farr.*

Neglect, (vague,)	Of what? STARVATION? 104.
Neglect and exposure,	Same.
Nervous disease,	What disease? diseases of the brain, &c., 41.
Nervous affection, (vague,)	What affection? 41.
Nervous fever,	TYPHUS FEVER, 9.
Nervous Irritation, (bad,)	What disease? 41.
Nephralgia,	Pain in the kidneys. NEPHRITIS? 74.
NEPHRITES,	Inflammation of the kidneys, 74.
Nettle rash,	Skin, disease of, 87. Urticaria.
Neuralgia,	*Disease of the nervous system*, 41.
Noli me tangere,	Lupus, ulcer in nose? 85. Cancer? 19.
Nonclosure of foramen ovale,	MALFORMATION, 26.
Obesity,	Excess of fat. Corpulence, 26.
Obstruction of the bronchia, (bad,)	BRONCHITIS? 43. MALFORMATION, 26.
Obstruction of the bowels,	INTUSSUSCEPTION, 60; what kind?
Obstruction of the glottis, (bad,)	BRONCHITIS, 43.
Obstruction of the liver, (bad,)	DISEASE OF THE LIVER, 69.
Obstruction of the viscera, (vague,)	What viscera? what obstruction?
Obtuosercoma of the upper jaw, (bad,)	What disease? 81.
Œsophagus, stricture of the,	65.
Œsophagitis,	Rupture of the œsophagus, 78.
Old age,	88. Senectus. Natural decay.

"There is reason to believe that many of the diseases of the aged are not detected, and that the terms 'old age,' and 'natural decay,' are often incorrectly assigned as causes of death."

Old age and coma,	88.
Old age and heat,	88.
Omentum, fungus of the,	TUMOUR? 30, 65.
Ophthalmia,	Inflammation of the eye, 41.

Ophthalmia purulent,	See note, page 153.
Orchitis,	Inflammation of the testicle, 79.
Œdema,	A partial dropsy, 21. From what cause?
Organic disease, (vague,)	What disease? what organ?
Organic diseases of the brain,	What disease? 41.
Organic diseases of the heart,	What disease? 53.
Organic diseases of the stomach,	65.
Ossification of the arteries,	53.
Ossification of the brain,	41.
Ossification of the heart,	Formation of bone, 53.
Ossification of the valves of the heart,	53.
Ossification of the aortal valves,	53.
Osteosarcoma,	TUMOUR, 30.
Ostipatio, (bad,)	What disease? ostitis?
Otalgia,	Earache? 41.
Otitis,	Inflammation of ear, 41.

See note under disease of the nervous system.

Ovaries, disease of the,	78.
Ovarian dropsy,	21, 79.
Ovarian tumour,	CANCER? 19, 79.
Ovarian disease, (bad,)	Ovarian disease?
Overlaid,	Strangulation? Accidental? 105.
Palpitation of the heart,	Organ, 53.
Palsy,	Of what organ? PARALYSIS, 39.
Palsy of the tongue and œsophagus,	PARALYSIS, 39.
Pain in the womb,	79.
Pain in the stomach,	GASTRITIS? 58.
Pain in the pleura,	PLEURISY? 47.
Pancreas disease,	66.

The diseases of the pancreas are inflammation, and such as affect the body generally.

Paralytic affection,	PARALYSIS, 39.
Paralytic fit,	PARALYSIS, 39.
Paralytic fit and old age,	PARALYSIS, 39.
PARALYSIS,	39. Loss of motion. Paralytic stroke.
PARAMENIA,	78. Mismenstruation, dysmenorrhœa, amenorrhœa suppressionis, leucorrhœa, chlorosis, green sickness.
Paraplegia,	PARALYSIS, 39.
Parotitis,	Mumps. Inflammation of the parotid gland.
Partus,	CHILD-BIRTH, 76.

Peripneumonia notha,	BRONCHITIS, 43.
PERITONITIS,	61. Inflammation of the Peritoneum.
Pemphigia, (bad,)	Pemphigus?
PERICARDITIS,	52. Inflammation of the heart.
Perished by exposure, (vague,)	FROZEN? 95.
Perished by cold,	FROZEN, 95.
Perished by water, (bad,)	Drowned? 92. Drinking cold water? 91.
Pertussis,	HOOPING-COUGH, 10. Chincough.
Pestis, (bad,)	Organs, &c., 65.
Pharyngitis,	Inflammation of the pharynx, 65.
Phrenitis,	Plague.
Psoas, abscess,	CEPHALITIS, 32. Inflammation of the brain. ABSCESS, 17.
Phlebitis, crural,	Inflammation of the veins. Purulent infiltration.
Phlegmasia, alba dolens,	Milk leg, 76.
Phlegmon,	Boil. Furunculus, 87.
Phlegmasia, (bad,)	INFLAMMATION, 25.
Phrenitis,	Inflammation of the brain. Cephalitis, 32.
Phthisical, (bad,)	CONSUMPTION? 44.
Phthisis,	CONSUMPTION, 44.
Phthisis, laryngeal,	BRONCHITIS, 43.
Phthisis, pulmonary,	CONSUMPTION, 44.
Phthisis pulmonalis,	CONSUMPTION, 44.
Phthisis, scrofula,	CONSUMPTION, 44.
Phthisis, tubercular,	CONSUMPTION, 44.
Phrenzy,	INSANITY, 38.
Physometria, (bad,)	76?
Piles,	Hemorrhoids. HEMORRHAGE, 23.
Plague,	Pestis. Pestilential fever. Typhus? 9.
Plethora, (vague,)	Fullness of blood, 53?
PLEURISY,	47. Pleuritis.

Inflammation of the lining membrane of the lungs and chest. *Empyema*, or fluid, the product of inflammation of the pleura; and *pneumothorax*, or air within the pleura, generally from perforation of the membrane in phthisis, are varieties of this disease.

Pleurisy, bilious, (bad,)	47. PLEURISY? PNEUMONIA, 48?
Pleurisy, typhus, (bad,)	47. PLEURISY? TYPHUS FEVER, 9.
Pleurisy fever,	PLEURISY, 47.
Pleuritis,	PLEURISY, 47.
Pleuripneumonia,	Pleurisy and pneumonia, 47, 48.

Pneumatosis,	Emphysema. Difficult breathing, 92?
PNEUMONIA,	48. Inflammation of the lungs.

This disease occurs with cephalitis, dropsy, hooping-cough, influenza, measles, small-pox, scarlatina, and other diseases.—*Farr.*

Pneumonia and consumption,	48? 44?
Pneumonia and measles,	48? 12?
Pneumonia and typhoides,	48? 9. Typhoid pneumonia.
Pneumonia, notha, (bad,)	48.
Pneumothorax,	Air within the pleura, 48, 44.
Podagia,	GOUT, 22.
POISONED,	102.

The kind of poison, and the time elapsed between the taking and the death, should, if possible, be ascertained and registered.

Poisoned by eating muscles,	102.
Poisoned by laudanum,	102.
Poisoned by morphia,	102.
Polypus of the nose,	TUMOUR, 30.
Polysarca,	Excess of flesh. Corpulency.
Polypus ani,	TUMOUR, 30.
Polypus uteri,	79.
Premature birth,	CHILD-BIRTH, 76. See Abortion. Still-born.
Prostate glands, disease of the,	79.
Psoas abscess,	Lumbar abscess, 17. See note under Scrofula.
Psoriasis,	Scaly tetter. Leprosy. Itch, 87.
Puerperal convulsions,	Convulsions of child-birth, 77.
PUERPERAL FEVER,	77. Child-birth fever.
Puerperal hemorrhage,	76.
Puerperal insanity,	CHILD-BIRTH, 76.
Puerperal mania,	76.
Puerperal miliary, (bad,)	76.
Purging,	DIARRHŒA, 4.
PURPURA,	Scurvy. Pimples, 86.
Putrid sore throat,	SCARLATINA, 13.
QUINSY,	49. Cynanche tonsillaris.

This name is used in different senses, and sometimes improperly applied to diseases of the throat generally.

Rash, (vague,)	Spots on the skin. Roseola? 87.
Rash, canker,	SCARLATINA, 13.
Rachitis,	Rickets. Scrofulous disease? 28.
Rectum, disease of the,	What diseases? 65.
Rectum, inflammation of the,	From what cause? 65.
Rectum, ulceration of the,	ULCERATION, 63.
Retention of the urine,	From what cause? 71? 72? 73? 74? 75?
Rickets,	Rachitis. See note under SCROFULA, 28.
Rheumatic fever,	RHEUMATISM, (acute,) 80.

RHEUMATISM,	Inflammation of the muscles and joints, 80.
Rheumatism, acute,	Rheumatic fever, 80.
Rheumatism, chronic,	Rheumatism without fever, 80.
Rheumatism, inflammatory,	Acute rheumatism, 80.
Rosalia,	SCARLATINA, 13.
Rubeola,	MEASLES, 12.
Rupia,	87.
Rupture,	HERNIA? 59. What kind?
Rupture of the aorta,	ANEURISM? 51.
Rupture of a blood-vessel, (vague,)	What blood-vessel? From what cause?
Rupture of the breast, (bad,)	ABSCESS? 17 or 76.
Rupture of the cerebellum, (vague,)	What kind? From what cause? 41.
Rupture of the heart, (vague,)	Bursting of what? From what cause? 53.
Rupture of the intestines,(vague,)	HERNIA? 59. ULCERATION, 63.
Rupture of the uterus,	79.
Saint Anthony's fire,	ERYSIPELAS, 6.
Saint Vitus's dance,	CHOREA, 33.
Salivation,	MALPRACTICE? 100. Mercury.
Salt rheum,	*Skin, disease of*, 87. What disease?
Sarco medullary, (bad,)	TUMOUR, 30.
Scald head,	Porrigo, 87.
Scalding, (vague,)	INSANITY? 38.
SCARLATINA,	13. Scarlet fever. Canker rash.
Scarlet fever,	13. Rosalia. Cynanche maligna.
Scrotum, ulceration of the,	From what cause? 65.
Scrotum, malformation of the,	MALFORMATION, 26.
Scirrhus,	CANCER, 19.
Scirrhus of the bowels,	19? 65?
Scirrhus of the glands, (vague,)	What gland?
Scirrhus of the intestines,	19? 65?
Scirrhus of the liver,	19? 69?
Scirrhus of the ovaries,	19? 79?
Scirrhus of the pylorus,	19? 65?
Scirrhus of the rectum,	19? 65?
Scirrhus of the stomach,	19? 65?
Scirrhus of the uterus,	19? 79?
SCROFULA,	28. Tumours of the glands. Ulcers. King's Evil.

The part affected should always be registered. *Psoas abscess, tabes mesenterica, rickets,* and *bronchocele* may have a scrofulous origin, and be classed under that disease.

Scurvy,	Scorbutus. Purpura? 86.
Senectus senafilus,	Old age, 88.

Severe treatment,	MALPRACTICE, 101.
Shingles,	Herpes zoster, 87.
Shot accidentally,	KILLED ACCIDENTALLY.
Shot in a duel,	HOMICIDE.
Skin, diseases of the,	87.

These diseases are rarely fatal, unless complicated with other diseases. This term is to be used only when the nature of the disease is unknown.

Skull, fracture of the,	KILLED? ACCIDENTALLY? What cause?
SMALL-POX,	14. Variola.

The Register should state, "before vaccination," "after vaccination," "first attack," "second attack," as the fact may be. State the time which has elapsed from the first attack, or from vaccination.

Small-pox, natural,	14.
Small-pox, inoculated,	14.
Smothered,	Killed accidentally? What cause? 97.
Smothered, accidental,	Killed accidentally.
Sore eyes, (vague,)	Ophthalmia.
Sore mouth, (vague,)	What kind? What cause?
Sore throat, (vague,)	*Scarlatina?* 13. Quinsy?
Sore throat, inflammatory,	SCARLATINA, 13.
Sore throat, malignant,	SCARLATINA, 13.
Sore throat, putrid,	SCARLATINA, 13.
Sore throat and quinsy,	QUINSY? 49.
Softening of the brain,	*Diseases of the brain*, 41.
Spasm,	CONVULSIONS, 34.
Spasm in the stomach,	CONVULSIONS? 34, 65.
Spasm of the heart,	53.
Spina bifida,	Malformation of the spine, 26.
Spinal marrow, disease of the,	*Disease of the spine?* 83. What disease?
Spinal marrow, softening of the,	83.
Spine, diseases of the,	83. See note under Bone.

To be used only when the specific disease is unknown.

Spine, caries of the,	83.
Spine, injury of the, (vague,)	What injury?
Spine, irritation of the, (vague,)	From what cause? 83.
Spleen, disease of the,	70. Splenitis, or congestion, or enlargement of the spleen?
Splenitis,	Inflammation of the spleen, 70.
Spitting of blood, (vague,)	From what cause? Hæmoptysis? Phthisis?
Spontaneous combustion,	Catacausis.

The circumstances which appear to have happened, should be briefly stated.

STARVATION,	Want of food. Destitution.
Still-born,	Dead-born. Premature.

See note under Abortion. The still-born should always be registered, and returned as interesting facts; but should never be included in a statistical abstract with the other deaths.

Sting of wasp,	POISONED, 102?
Strangury,	Painful urinary discharge, 79.
Strangulated hernia,	HERNIA, 59.
STRANGULATION,	

State whether the death was from *hanging*, strangling by a *ligature about the neck*, suffocation or overlaying, by closing the mouth or nostrils, or choking by internal obstruction.

Stomach, disease of the,	65.
Stomach, cramp of the,	CONVULSIONS? 34. COLIC? 55, 65?
Stomach, irritation of the, (vague,)	65.
Stomach, scalding of the, (bad,)	BURNED AND SCALDED.
Stomach, softening of the,	65.
Stomach, ulceration of the,	From what disease? 55.
Stomatitis,	Inflammation of the mouth, 65.
Stone,	GRAVEL, 73.
Stoppage of the urine,	From what cause? 75.
Stoppage of the bowels,	INTUSSUSCEPTION, 60?
Stroke of the sun,	Coup de soleil, 41.

Did it cause congestion of the lungs or brain?

Strophulus,	Red gum. Gum Rash, 63.
Stricture, (vague,)	Of what part? For what cause?
Stricture of the colon,	COLIC? Inflammation?
Stricture of the rectum,	From what cause?
Stricture of the urethra,	75.
Struma,	SCROFULA, 28.
Sudden deaths,	29.

To be used only when the death is sudden, and the cause of the death unknown.

Sudden death, (vague,)

To be used only when the death is sudden, and the cause unknown.

SUFFOCATED,	103. State from what cause?
Suffocated by charcoal,	103.
SUICIDE,	105.

The record should always state the cause, if known, and in what way and by what means it was committed.

Suicide by drowning,	106.
Suicide by hanging,	106.
Sugar in the urine,	DIABETES, 71.
Summer complaint, (vague,)	DYSENTERY? 5. CHOLERA? 1.
Sun stroke,	See note—"Stroke of the Sun."
Swine-pox, (bad,)	What disease? Small-pox, 14.
Syncope,	Fainting, 53?
Synovitis,	Inflammation of the joints, 81.

SYPHILIS,	15. Lues venerea. Venereal disease. Pox.
Syphilis, congenital,	Hereditary syphilis, 15.
Syphilis, secondary,	15.
Tabes mesenterica,	Atrophy, 18. Mesenteric disease. Marasmus.
See note under	Scrofula, 28.
Tænia,	Worms, 66.
Tape-worm,	Tænia solium, 64.
TEETHING,	62. Dentitio.
Testes, disease of,	To be used when the precise disease is unknown.
TETANUS,	Lock-jaw, 40. From what cause?
Tetter,	A herpetic eruption of the skin, 87.
Throat distemper, (vague,)	SCARLATINA? 13.
Throat, disease of the, (vague,)	SCARLATINA? 13.
Throat, inflammation of the, (vague,)	SCARLATINA? 13. QUINSY.
Throat, ulceration of the, (vague,)	From what cause? 13? 63.
Thrush,	Aphthæ. Ulcers of the mouth, 16.
Thyroid gland, disease of the,	SCROFULA? 28.
Tic douloureux,	Neuralgia, 41.
Tonsilitis,	Inflammation of the tonsils. Quinsy, 49.
Trachea, ulceration in the,	BRONCHITIS? 43. CONSUMPTION? 44.
Trance,	What disease? In what way?
Trismus,	TETANUS. Lock-jaw.
Tubercles in the lungs,	CONSUMPTION.
Tubercular disease,	CONSUMPTION, 44.
Tubercular meningitis,	41.
Tubercular peritonitis,	44.
Tuberculated intestines,	From what cause? 63.
Tubercles of the brain,	41.
TUMOUR,	30.

A preternatural eminence in any part of the body. The kind, and part affected, should be stated; as, "*Tumour of the* ——," "*Polypus of the* ——."

Tumour of the brain,	30? 41?
Tumour of the tongue,	What cause? 30? 65?
Tumour of the neck,	SCROFULA? 28.
Tumour, polypus,	30.
Tumour of the throat,	What cause? 30?
Turn of life, (vague,)	PARAMENIA, 78.
Tympanitis,	Inflammation of part of the ear, 41?
Tympanitis, abdominal, (bad,)	ENTERITIS? 57. PERITONITIS? 61.

Typhoid, pneumonia,	For this and the two following names see note under *Fever.*
Typhoid fever,	9.
TYPHUS FEVER,	9.
ULCERATION of,	63. Add the part or organ affected.
Ulcerated sore throat,	SCARLATINA? 13. What disease?
Ulceration of the bladder,	75.
Ulceration of the bones,	81.
Ulceration of the bowels,	63.
Ulceration of the bronchitis, (bad,)	BRONCHITIS, 43.
Ulceration of the face,	From what cause? 85.
Ulceration of the head,	85.
Ulceration of the kidneys,	75.
Ulceration of the larynx,	LARYNGITIS, 46,
Ulceration of the lungs,	CONSUMPTION, 44.
Ulceration of the mouth,	From what cause? 85.
Ulceration of the nares,	Nostrils. What cause? 85.
Ulceration of the navel,	85.
Ulceration of the sarcoma, (bad,)	What kind? Where situated?
Ulceration of the throat,	SCARLATINA? 13.
Ulceration of the uterus,	Cause? 79.
Ulceration of the windpipe,	BRONCHITIS, 43.
ULCERS,	85. Sore.

State part affected, as "*Ulcer of the* ———," and the cause, when known, as "*from fever*, from ———." Ulcers are of various kinds: simple, scrofulous, syphilitic, cancerous; and their character should be stated.

Umbilical hemorrhage,	Bleeding from the navel, 23.
Urethra, rupture of the,	75. From what cause?
Urethra, stricture,	75.
Urine, suppression of the,	From what cause? 75.
Uterus, cancer of,	79.
Uterus, disease of the,	To be used only when the nature of the disease is unknown.
Uterus, inversion,	79.
Uterus, rupture,	79.
Ustio, (bad,)	What disease?
Vapours, (bad,)	Melancholy. Insanity, 38.
Varicose veins,	Hypertrophy of the veins, 53.
Varicella,	Chicken-pox, 13.
Variola,	SMALL-POX, 13.
Varioloid,	SMALL-POX, 13.
Veins, disease of,	53.
Venereal disease,	SYPHILIS, 15.
Vertigo,	Dizziness, 41.
Violence,	What kind? How committed?
Viscera, inflammation of the, (vague,)	What viscera?
Visitation of God,	See note under "*Sudden deaths.*"

Vomica, (bad,)	Abscess in the lungs. Consumption, 44.
Vomiting of blood,	From what cause? Hæmatemesis, 23.
Volvulus,	INTUSSUSCEPTION, 60.
Wasting,	From what cause? 18? 20? 44?
Water in the brain,	HYDROCEPHALUS, 37.
Water in the head,	
Water in the chest,	
Wen,	
White swelling,	81.
Whites,	Leucorrhœa, 79.
Whitlow,	Abscess of the end of the fingers, 17.
Wind colic,	COLIC.
Wind dropsy, (vague,)	Tympanites?
Womb, dilatation of the,	Hypertrophy of the —, 79.
Worms,	64. Vermes. Verminatio.

It may be stated whether it was by common worms, tape-worms, hydatids, or other kinds.

Wounds,	WOUNDS.
Yaws,	Warts, 87.
Yellow fever,	Fever, remittent.
Yellow jaundice,	JAUNDICE, 68.